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ABSTRACT

This publication is intended to assist Wisconsin's public libraries and public library systems in providing service to adults with special needs (ASN). Twelve chapters cover the following topics: (1) planning for success, including planning services and measuring progress; (2) a Wisconsin vision for the future, including creating the vision and community needs; (3) effective strategies, i.e., plan, train staff, diversity collections and services, collaborate, ensure accessibility, and market services and materials; (4) cognitive disabilities, including causes, demographics, and related issues; (5) mental illness, including types of mental disorders, demographics, and barriers to services; (6) mobility, including causes of some mobility impairments, and parents of children with mobility limitations; (7) speech and hearing, including deafness and the deaf community, causes of deafness, hearing loss and literacy, and tips for communicating with deaf or hard-of-hearing people; (8) vision, including causes of blindness, related issues, and parents of children who are born blind; (9) literacy, including people in Wisconsin who have literacy needs, literacy in the state corrections system, agencies providing literacy instruction in Wisconsin, and the role of public libraries; (10) poverty, including hunger, homelessness, health care insurance, and parents and children living in poverty; (11) aging, including health issues; and (12) supporting data, including census data on age, race and ethnic background, living arrangements for people over age 65, literacy indicators, poverty status, and disabilities. A copy of the survey questions and a summary of responses for the Survey of Library Services to Adults with Special Needs are included. Chapters 4 through 11 discuss results of the survey related to barriers to service, planning and collaboration, staff training, collections and services, accessible buildings and services, marketing, as well as suggestions for getting started with little money and time. Appendices include appropriate vocabulary when talking or writing about people with disabilities, a list of agencies and people contacted, Wisconsin public library standards, and a glossary. (Most chapters contain references.) (MES)

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ADULTS WITH SPECIAL NEEDS

A Resource and Planning Guide for Wisconsin's Public Libraries

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Adults with Special Needs
A Resource and Planning Guide for Wisconsin's Public Libraries

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Foreword

Public libraries can make a major contribution to the quality of life of adults who have special needs, regardless of their personal circumstances or economic background. *Adults with Special Needs: A Resource and Planning Guide for Wisconsin's Public Libraries* is designed to provide guidance and practical suggestions to public libraries to ensure that all adults with special needs have convenient and equitable access to materials and technology at public libraries to meet their informational, educational, cultural, and recreational needs.

This resource and planning guide recognizes the changing face of Wisconsin. Our state population is increasingly diverse and aging. More adults with special needs are living in their own homes and communities, and a significant number live in poverty in both rural and urban areas. This publication offers strategies public libraries can use to provide adults with special needs the means to use library services effectively, foster personal growth, and obtain information necessary to be successful and productive members of their communities.

Collaboration with other agencies is one of the six strategies in the publication. This emphasis on working together will bring to the table public libraries, jails and prisons, and agencies that work with adults who have a wide range of special needs. Public libraries are encouraged to form partnerships with these organizations in their local communities to assure quality library services for these largely underserved population groups. Mutually beneficial programs and activities are likely to develop through this cooperation to the benefit of many adults who have special needs throughout the state.

Elizabeth Burmaster
State Superintendent

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Introduction

Definition of Adults with Special Needs

For the purposes of this publication, adults with special needs (ASN) are defined as people age 18 and older who are poor or have disabilities or both. Adults with special needs include, but are not limited to, persons who are economically and educationally disadvantaged, those for whom English is a second language, and adults who are institutionalized or incarcerated or homeless or who have cognitive, emotional, or physical disabilities.

Public Libraries in Wisconsin

Wisconsin has 387 independent, statutorily recognized public libraries organized under 17 public library systems. There are 380 public libraries that provide services through a public building and 7 county library services that offer services through other public libraries but that do not have a building open to the public. Public library systems are county and multicounty administrative units that receive state aid to coordinate library development and resource sharing among the public libraries within their service areas. The Wisconsin Department of Public Instruction (DPI), through the Division for Libraries, Technology, and Community Learning (DLTCL), is responsible for statewide library development, resource sharing, and administering state aid to public library systems. Within Wisconsin, the DLTCL also administers the Library Services and Technology Act (LSTA), a federal grant program for libraries.

Background of the Adults with Special Needs Initiative

This publication is a follow-up to *Public Library Services for Youth with Special Needs: A Plan for Wisconsin,* published by the Wisconsin Department of Public Instruction in 1999. It is hoped this publication will assist Wisconsin's public libraries and public library systems in providing service to adults with special needs throughout Wisconsin. It is designed to guide library staff in planning, implementing, and evaluating services for ASN, offer a range of resources and strategies useful to all size public libraries no matter where they are located in Wisconsin, and provide information unique to Wisconsin.

Content is based on DLTCL's experience in administering LSTA grants for users with special needs, the 1998–99 Task Force on Youth with Special Needs, various articles, publications, and Web sites, and input from social service agency personnel and Wisconsin librarians who provide services to adults with special needs. Wisconsin public librarians and social service agency staff who work with adults with special needs met in February 2002. They reviewed the publication outline, offered content suggestions, envisioned a Wisconsin future, and identified community needs. Throughout the writing process, various committee members reviewed and edited portions of the publication and conducted agency interviews. The opinions and advice of numerous individuals and more than 70 Wisconsin social service agency personnel were gathered in interviews and incorporated into the publication. A complete listing of persons contacted is included in appendix 2.

U.S. census data for Wisconsin and library survey data contain valuable information for library planners. Chapter 12, "Supporting Data," includes census information that focuses on areas of special needs including

age, ethnicity, living arrangements, educational attainment, poverty, and disabilities. It also includes a compilation of three special needs surveys conducted by the DLTCL from 2000 to 2002.

1. The Survey of Library Services to Adults with Special Needs was conducted online on the DLTCL Web site during summer 2002. The response rate for this survey was 77 percent; 293 of 380 public libraries responded. The responding libraries account for public library services to 86 percent of the population of Wisconsin. The survey questions and a summary of the results can be found in chapter 12.
2. The Public Library and Branch Building Accessibility Survey was included as part of the DLTCL 2001 Public Library Annual Report form distributed in January 2001. The response rate was 98 percent.
3. The Accessible Workstation Survey was part of the DLTCL 2000 Public Library Annual Report form distributed in January 2000 and had a response rate of 97 percent.

There are three appendixes for this book.

1. "Appropriate Vocabulary When Talking or Writing About People with Disabilities" is a tip sheet on using "people-first" language. It explains current acceptable terms and indicates terms that should no longer be used when talking or writing about people with disabilities.
2. "Agencies and People Contacted" is a list of the people who agreed to be interviewed as part of the information gathering needed for this publication. The interviews were conducted by most of the regional system special needs consultants, as well as the author and project consultant.
3. Excerpts from the *Wisconsin Public Library Standards* are included in appendix 3 to help librarians understand how the services and collection development elements recommended in this book relate to the overall basic level of service that libraries are asked to try to achieve.

The final section of this book is a brief glossary of terms and acronyms related to special needs.

Planning for Success

1

Planning Services

The first thing to do when considering services to adults with special needs (ASN) is to create a plan. Some advance planning and preparation can go a long way in helping a library make wise programming choices. Because resources are limited, staff of public libraries need to identify priorities and offer those services that will meet a community need and deliver the greatest benefit. The planning process and the planning document do not need to be lengthy or involved. The extent of the planning effort depends on the staff and budget resources the library is willing and able to devote.

Planning is a continual cycle of assessment, forecasting, goal setting, implementation, and evaluation. A library that maintains a regular planning cycle can emphasize various aspects at different times. Or, after examining community demographics and talking to others in the community, a library may decide to focus on one particular special needs group. The amount of work to be invested in every step depends on library resources and past planning efforts. But no matter the size of the library, it is important to know the library and the community and its needs before deciding on how best to serve ASN.

The plan itself can be short and simple enough to fit on one page or less, but it is important to be clear about where the library is headed, how ASN will benefit, and exactly what will be accomplished and when. The library should be able to recognize success when it happens and make midcourse corrections when necessary. Written plans help clarify ideas that in turn provide the information needed for good communication with the library staff and the community.

Regardless of the exact size and shape of the effort, planning for services to ASN should include the following seven basic steps:

1. Look at the library.
   Answer questions such as the following:
   - Who uses the library?
   - What barriers might there be to use of library services for ASN (facilities, collection, services)?
   - Are some library services specially designed for ASN?
   - What services have been requested?
   - Does the library meet or exceed *Wisconsin Public Library Standards* (Wisconsin Department of Public Instruction, Division for Libraries, Technology, and Community Learning 2000) in service to ASN? Are there standards that the library does not meet? (See appendix 3 of the current work for a list of some of the standards.)
   - What services to ASN are available through the library's system membership?

   Possible approaches:
   - Examine the library's regularly collected statistical measures.
   - Consult the current issue of the *Wisconsin Library Service Record* (Zimmerman 2002) and compare the library to others of similar size.
   - Contact DLTCL for statewide survey results.

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Conduct a facility accessibility inventory (organizations such as independent living centers offer such services).

Consult *Wisconsin Public Library Standards* (Wisconsin Department of Public Instruction, Division for Libraries, Technology, and Community Learning 2000).

Contact the system's special needs consultant.

2. Look at the community.

Answer questions such as the following:

What are the demographics of the community? Which special needs groups are represented?

What community organizations and agencies provide services to ASN?

What community services are available to ASN?

What community, state, and societal trends should be taken into account when planning?

Possible approaches:

Consult population data provided periodically by the DLTCL.

Consult the U.S. census data at the Wisconsin Department of Administration's Demographic Service Center at <www.doa.state.wi.us>.

Check with the following agencies:

County extension agencies

Social service agencies

State agencies

3. Identify the needs of ASN.

Answer questions such as the following:

What needs of ASN are not being met ? What are the areas of greatest need?

Are there materials or services that the library could offer to better meet the needs of ASN?

What barriers exist to library use by ASN?

Possible approaches:

Survey organizations and social service agencies that work with ASN. Use the following methods.

In-person interviews

Telephone interviews

Mailed questionnaires

Group meeting

Survey ASN. Use the following methods.

In-person interviews

Telephone interviews

Mailed questionnaires

Group meeting

4. Analyze collected information and identify programs and services to meet the needs of ASN.

Answer questions such as the following:

What are the areas of greatest need?

What needs can the library most appropriately address?

What staff skills, materials, and facilities does the library require to address the needs?

What should be the library's priorities in serving ASN?

Are there organizations or agencies the library could collaborate with to meet needs?

Possible approaches:

Look at demographic information, current services, and expressed needs of ASN.

Assess the gap between current services and expressed needs.

Involve library system staff, ASN, and agency representatives in reviewing draft findings.

Use informal conversations, interviews, advisory committees, and e-mail to gather input.

5. Write the plan.
   Answer questions such as the following:
   - Who will write the plan? Who will review it?
   - What benefit will ASN receive because the library provides a service? (Goal)
   - How will the library measure its progress toward reaching the goal? (Objective)
   - What specific strategies will the library undertake to achieve the goals and objectives? (Activities)
6. Evaluate the library's impact on serving ASN.
   Answer questions such as the following:
   - How will the library check on its progress? Who will be responsible?
   - Are the planned activities resulting in progress toward the goals and objectives?
   - What problems are being encountered?
   - How can the library improve? What needs to change?
7. Tell what the library is doing to serve ASN.
   Answer questions such as the following:
   - Who needs to hear about the library's plan? Inside the library—staff, administration, trustees? Outside the library—ASN, persons involved in the planning process, library users, community organizations, government officials? Is formal plan adoption by the library board necessary or desirable?
   - What should be communicated?
   - What is the best way to get the message out?

   Possible approaches:
   - Craft the message to match the audience.
   - Use appropriate formats (e.g., large print, audio, Spanish).
   - Talk about the work at budget presentations, board meetings, staff gatherings, community talks or meetings, media interviews, and conference speeches.
   - Write about the work in newsletters, memos, annual reports, news releases, library publications, and displays.

Measuring Progress

Evaluation is an important part of the planning cycle. The clear goals and measurable objectives written during the planning process can indicate whether the library is headed in the right direction. Is a program effective as designed, or are changes required? What improvements can be made? Is the library making progress in achieving the goal? Is the goal one the library should continue pursuing? An evaluation is also an important communication tool. It provides information the library can use to let people know the difference the library is making in the community. As a public institution accountable to and dependent on taxpayers, the library needs to talk about the return the community is receiving on its investment.

Designing an evaluation program and writing measurable objectives when planning services to users with special needs can be challenging. One reason is that libraries do not usually collect user statistics based on a special need; in addition, users with special needs may not be easily identifiable. Also, progress may be incremental when working to overcome long-standing barriers to public library use by persons with special needs. That said, it is still important to determine the effectiveness of a program and to communicate its benefit to the community. How can that be done?

First, do not identify a measure that is so burdensome to collect that it is unlikely to be done. Make the evaluation process as simple, easy, and accurate as possible. Think about procedures the library already uses and how they might be applied. If the library does not currently collect the needed information, how

can it be gathered? Keep in mind that comparison statistics are important. Collect "baseline data" before the program begins. Ensure that the measures chosen help the library determine its progress in reaching the goal.

The New Planning for Results (Nelson 2001), an American Library Association planning guide, outlines three basic types of measures:

1. Count the number of people served by a service or program.
   a. Count a person once no matter how often he or she uses a service (total number of different users).
   b. Count a person every time he or she uses a service (number of times a service is used).
2. Ask the people being served how well a service met their needs (e.g., through surveys, focus groups, or interviews).
3. Count the number of service transactions that were provided by the library (e.g., circulation, number of reference transactions).

The time to think about the evaluation is when the objective is written. Ask: Who will collect the needed information, when will the information be collected, and how will it be collected? When writing the objective, include the following three elements (from Nelson 2001):

- a measure,
- a standard against which to compare that measure, and
- a date or time frame by which time the standard should be met.

Here are some sample objectives.

NUMBER OF PEOPLE SERVED

By (the date) all library staff (the standard) will attend a disability awareness training session (the measure).

Ten families (the standard) will attend a family literacy event (the measure) by (the date).

Twenty-five percent of persons attending family literacy events (the standard) will apply for a library card (the measure) by (the date).

HOW WELL THE SERVICE IS PROVIDED

By (the date) 75 percent of library staff (the standard) will report that the disability awareness training program helped them provide better service to library customers with special needs (the measure).

By (the date) at least 75 percent of persons with a physical disability who visit the library (the standard) will indicate that the library does a satisfactory or more than satisfactory job in eliminating physical barriers within the library (the measure).

SERVICE TRANSACTIONS

Electronic Spanish language materials (the measure) will be accessed at least 50 times per month (the standard) by (the date).

The library will receive at least five (the standard) TTY calls (the measure) every month by (the date).

Circulation of literacy collection materials (the measure) will increase 10 percent (the standard) by (the date).

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A Wisconsin Vision for the Future

2

Creating the Vision

At a DLTCL meeting in February 2002, librarians and agency representatives who work with ASN gathered to discuss public library services to special needs populations. They were asked, "When designing services for adults with special needs what should be Wisconsin's vision for the future?" A vision is an idealized picture of tomorrow. They responded that Wisconsin should work toward a future where, regardless of special need, all persons find the following:

- Acceptance
- Respect
- Appreciation
- Independence
- Opportunities to learn and work
- Equal and convenient access to community services

Specifically, they arrived at the following vision.

ADULTS WHO LIVE IN INSTITUTIONS WILL FIND

- easy access to, and will be knowledgeable about, a wide range of library services and a variety of materials for information, education and leisure; and
- the resources, the skills training, and the support they need to enable them to function successfully in their communities following institutionalization.

SENIORS WILL FIND

- the resources, services, and support they need to live as independently as possible;
- a safe living environment and a variety of housing options;
- convenient access to a range of shopping and health care services and recreational and educational opportunities;
- communities sensitive to their needs and that encourage their contributions to, and inclusion in, the life of the community; and
- their cultural heritage respected and bilingual services provided as needed.

ADULTS LIVING IN POVERTY WILL FIND

- adequate food and shelter and access to complete medical care and affordable public transportation;
- opportunities to earn a living wage, with jobs available for those with minimal education;
- support to help them provide the care their children require and the preparation their children need to enter school ready to learn and read;

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- sensitivity to cultural differences and acceptance by, and connection to, their community; and
- social and government services equally available and easily accessible throughout the state.

Persons with limited English reading and speaking skills will find

- help if they need it, and a sense of empowerment that they can learn and do;
- a strong interagency support system to ensure that people are not left behind and can locate assistance quickly, wherever they are;
- a wide range of educational institutions that offer quality learning opportunities with physical resources in good condition in a welcoming environment;
- a balance of technology and "face-to-face" learning opportunities;
- many opportunities for literacy instruction, such as through employers and health care providers; and
- learning opportunities that respond to each cultures' needs, with bilingual services easily available.

People with disabilities will find

- the resources, services, and support they need to live as independently as possible with the same choices available to them as to persons without disabilities;
- plentiful opportunities for well-paying, meaningful work;
- a range of educational opportunities leading to literacy, graduation, advanced degrees, and skills training; and
- attention, respect, acceptance, and equality.

Community Needs

The vision provides a general direction, a desired future. What community needs must be addressed before the vision becomes reality? Library staff and agency representatives determined the following.

People living in institutions need

- to have their basic needs met, including adequate nutrition and appropriate treatment;
- a professional and caring staff;
- a range of educational opportunities;
- advocacy for services within and outside the institution;
- opportunities that support positive enrichment for themselves and their families;
- a family and friends support system;
- adequate information about life outside the institution; and
- transitional services—such as job counseling and assistance in planning for the future.

Seniors need

- secure homes, which include items such as lifelines, locks, grab bars, door levers, and a check-in program;
- mobility, including community-supported transportation;
- adequate nutrition, including meal delivery in the community;
- reasonably priced health care;
- convenient access to counselors trained to address senior issues;
- help in understanding "the system," including legal, medical, and taxation issues;
- community-based educational facilities;
- social activities for fun and laughter; and
- assistive devices such as wheelchairs, glasses, and hearing aids easily available.

ADULTS LIVING IN POVERTY NEED

- quality health care;
- education about proper nutrition;
- adequate income;
- ability to remain home with their infant children;
- affordable quality housing;
- affordable public transportation;
- education about parenting and child brain development;
- English as a second language (ESL) and literacy classes free and easily available;
- transitional levels of support for people entering the workforce;
- more lenient immigration and naturalization laws;
- one-stop shopping for education and social services;
- employment opportunities for low-skill workers; and
- access to information.

PERSONS WITH LIMITED ENGLISH READING AND SPEAKING SKILLS NEED

- community-service agencies that communicate with each other easily and effectively;
- access to and awareness of a statewide shared database of agencies, services, and programs that include literacy services;
- business and industry (as well as private training) more involved in the literacy service network;
- more people focused on literacy needs, more libraries providing literacy services, and more staff with multilingual skills;
- literacy training providers who know where to find, and how to get, funds for literacy services;
- literacy training providers with adequate technology equipment and software;
- widely available low-cost access to a range of library resources (print, programs on cassettes, compact discs, video, music);
- access to more trained literacy workers;
- public-sector workers sensitive to their needs; and
- adequate facilities for literacy instruction.

ADULTS WITH DISABILITIES NEED

- the ability to find and use information in different ways that work best for them;
- more community awareness and sensitivity to their needs;
- seamless accommodations in all facets of society;
- adequate health care;
- opportunities for meaningful relationships and natural friendships;
- reduction and elimination of barriers, especially physical;
- inclusion in decision-making processes that affect them;
- caregivers better linked to disability services;
- more community understanding of the contributions that people with disabilities can make;
- media, school (education), government, and service agencies to be agents of change; and
- more people trained and paid to tailor education to each individual.

Once the vision is imagined and community needs are identified, the public library's service plan can be developed. As an important community institution, how can the public library help realize the vision? Which needs is the public library best prepared to address? The next chapter provides some general strategies for libraries to employ when planning to serve special needs populations. Chapters 4–11 provide background information about eight major groups of special needs populations and give specific service suggestions.

Effective Strategies

3

There are six general strategies that public libraries can use when designing services for people with special needs. The strategies were developed in response to the three major public library use barriers identified by Wisconsin librarians and social service agency personnel during a 1998 special needs planning conference:

- Inadequate access including physical barriers to a public library building and geographic, neighborhood, and transportation barriers in getting to a public library.
- Knowledge, culture, and climate within the community and inside the library. Outside the library, barriers include lack of familiarity with library services, limited language and literacy skills, attitudes about library use, competing demands, and inadequate emphasis on agency cooperation. Inside the library, barriers may include unwelcoming and uninformed staff and patron attitudes, inflexible library policies, little inclusion of persons with special needs in planning, and a perception that special needs services are expendable.
- Lack of appropriate resources including materials, programs, services, equipment, technology, and staff time.

Public libraries can use the following six general strategies to overcome the barriers.

1. Include adults with special needs and their families and advocates in planning, implementing, and evaluating public library services.
2. Welcome adults with special needs and their families and advocates to the public library in a responsive, sensitive, and appropriate manner.
3. Offer a diverse range of resources, services, and programs that are relevant to the lives of adults with special needs and their families and advocates.
4. Collaborate with community agencies to provide the best possible services to adults with special needs and their families and advocates.
5. Ensure that public library collections, services, and buildings are fully accessible and inviting to adults with special needs and their families and advocates.
6. Market public library services, collections, and programs to adults with special needs, their families and advocates, and the community.

Tables 3.1–3.6 outline a variety of ways public libraries can implement these strategies. They also list contributions that public library systems and the DLTCL can make toward supporting public libraries and improving service to special needs populations. Programs work best that take all six strategies into consideration. Choose the elements that work best for the community and the library's resources and past history in serving special needs populations. This information is adapted from *Public Library Services for Youth with Special Needs: A Plan for Wisconsin* (DeUsabel and Swanson 1999). Although that publication is focused on youth, many of the same ideas apply to library programs for adults as well. The tables offer general service ideas; more specific approaches and resources can be found in later chapters on each special need group.

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TABLE 3.1 **Strategy #1: Plan**

Include adults with special needs (ASN) and their families and advocates in planning, implementing, and evaluating public library services.

Public Libraries	Systems	DLTCL

• Public libraries identify where ASN live in their communities.
• Public libraries identify community services and programs for ASN.
• Public libraries develop plans that include ASN as a customer group.
• Public libraries include ASN in library planning.
Possible activities:
  • Invite ASN to be part of advisory boards and to serve as trustees.
  • Include ASN advocates as part of library planning.
  • Consult with advocacy groups to recruit ASN or their caregivers as participants in library planning.
	• Systems designate a staff person to work with member libraries on ASN.
	• Special needs consultant attends DLTCL's annual meeting and assists with state planning efforts.
	• Systems gather and share demographic and other information about ASN and community services for them in the system area.
	• Systems conduct workshops on planning services to ASN.
	• Systems consider the needs of ASN in their planning.
	• Systems address special needs services in their long-range plans.
		• DLTCL funds and maintains a consultant position that works with systems on services for ASN.
		• DLTCL offers support and resources to public libraries and systems in planning for library services to ASN.
		• DLTCL has annual meetings for special needs consultants.
		• DLTCL disseminates demographic data regarding ASN.
		• DLTCL distributes information on planning services to ASN.
		• DLTCL cooperates with other state level organizations and agencies that work with ASN.
		• DLTCL includes librarians who work with ASN on division committees.
		• DLTCL annually reviews the long-range plan for library services to ASN.
		• DLTCL advocates for adequate funding for library programs for ASN.
		• DLTCL provides guidance in the use of the public library standards regarding ASN.

TABLE 3.2 **Strategy #2: Train Staff**

Welcome adults with special needs (ASN) and their families and advocates to the public library in a responsive, sensitive, and appropriate manner.

Public Libraries	Systems	DLTCL

• Public libraries offer diversity and ability awareness training to all staff on a regular basis. Include practical service tips for ASN.
Possible activities:
  • Schedule ASN as a topic for at least one staff meeting per year.
  • Include trustees in diversity and ability awareness training.
  • Provide training for staff and the public on using library assistive devices.
  • Offer opportunities to attend nonlibrary workshops (e.g., literacy).
  • Provide opportunities for signing and other language training.
  • Schedule ASN and local providers of diversity and ability awareness training to talk to library staff.
• Public library policies are written and regularly reviewed to ensure that they welcome library use by ASN.
Possible activities:
  • Train staff regularly about library policies.
  • Build flexibility into application of library policies affecting ASN.
  • Have policies reviewed by ASN or their advocates.
• Public libraries include ASN in employment and volunteer opportunities.
• Public libraries offer programs about the cultures and history of groups in their communities.
	• Systems offer diversity and ability awareness training workshops and inform their members about other training opportunities.
	• Systems identify and distribute information about regional and statewide providers of diversity and ability awareness training.
	• Systems offer opportunities for staff to attend nonlibrary workshops.
	• Systems assist libraries in identifying employment and volunteer opportunities for ASN.
	• Systems offer workshops and technical assistance to their members in developing policies that welcome ASN.
	• Systems cooperate with the DLTCL in collecting information on the status of special needs issues and disseminate the information to their member libraries.
	• Systems showcase adaptive equipment and model use of various adaptive technologies at system meetings.
		• DLTCL cooperates with systems in offering regional diversity and ability awareness workshops.
		• DLTCL offers support and resources to public libraries and systems in staff training.
		• DLTCL creates a Web page that includes a potential speakers' list for various areas of special needs.
		• DLTCL identifies and distributes information about regional and statewide providers of diversity and ability awareness training and informs systems about awareness training opportunities.
		• DLTCL surveys systems and libraries on current status of various services and issues related to ASN and disseminates information to the systems.
		• DLTCL showcases examples of adaptive technologies at meetings and training sessions.

TABLE 3.3 **Strategy #3: Diversify Collections and Services**

Offer a diverse range of resources, services, and programs that are relevant to the lives of adults with special needs (ASN) and their families and advocates.

Public Libraries

- Public libraries develop and maintain, or provide access to, up-to-date collections for and about ASN.

Possible activities:

  - Include special needs of adults in collection and development policies.
  - Weed and update collections.
  - Respond to community need for materials in foreign languages and alternative formats.
  - Own or have access to adaptive equipment.
  - Refer eligible users to the Wisconsin Library for the Blind and Physically Handicapped.

- Public libraries provide access for ASN to library resources and programs through technology.

Possible activities:

  - Develop accessible Web sites with links to resources for ASN.
  - Provide assistive technology where needed to ensure access to electronic resources.

- Public libraries design programs that are responsive and accessible to ASN.

Possible activities:

  - Provide and publicize the library's accommodations.
  - Involve ASN and agency staff in program planning and production.
  - Use appropriate methods and media to reach ASN.
  - Schedule programs at convenient times and places.

- Public libraries seek supplemental revenue sources for special needs.

Systems

- Systems provide workshops and in-services on materials, programming, resources, and technology related to ASN.
- Systems ensure that member libraries are knowledgeable about adaptive technology.
- Systems ensure accessibility to resources for ASN when addressing systemwide technology projects.
- Systems help libraries develop accessible Web sites.
- Systems facilitate purchasing materials and equipment for their member libraries.
- Systems identify supplemental funding sources for services to ASN.
- Systems assist libraries in writing grants to benefit ASN.
- Systems write grants to serve ASN.

DLTCL

- DLTCL offers support and resources to public libraries and systems in providing services and programs for ASN.
- DLTCL provides information and workshops about services, resources, and technology for ASN.
- DLTCL ensures accessibility to resources for ASN when addressing statewide technology.
- DLTCL identifies and publicizes funding sources for services to ASN.

TABLE 3.4 **Strategy #4: Collaborate**

Collaborate with community agencies to provide the best possible services to adults with special needs (ASN) and their families and advocates.

Public Libraries

- Public libraries allocate staff time to identify and to work with community groups, agencies, organizations, and networks that serve ASN.
- Public libraries partner with community agencies in joint ventures, including sharing resources and cosponsoring programs.

Possible activities:

  - Provide library space for agency meetings and activities.
  - Encourage groups to set up displays in the library.
  - Provide library brochures, bookmarks, and bibliographies to agencies.
  - Seek agency suggestions regarding library resources for their clients.
  - Partner in grant applications.
  - Invite agency staff to library workshops.
  - Offer library tours for agency staff and clients.
  - Contribute articles to agency newsletters.

- Public libraries are a source for information about agencies.

Possible activities:

  - Maintain a public bulletin board for community notices.
  - Maintain a Web site that provides links to community resources for ASN.
  - Publicize agency events.

Systems

- Systems gather and share with their members information on regional and county agencies serving ASN.
- Systems gather and share with their members information on residential facilities for ASN (e.g., nursing homes, correctional facilities, group homes for adults with developmental disabilities).
- Systems inform area agencies that work with ASN about library services for them.
- Systems provide continuing education opportunities that bring together libraries and community agencies that serve ASN, including library staff in residential facilities and institutions.

DLTCL

- DLTCL offers support and resources to public libraries and systems in developing partnerships with community groups, agencies, organizations, and networks that work with ASN.
- DLTCL disseminates information about library services to agencies and organizations that work with ASN.
- DLTCL cooperates with other state organizations in keeping libraries informed on legislative issues affecting ASN.
- DLTCL collaborates with other library organizations in advocating for library service to ASN and in educating public officials about the library mission to serve ASN.
- DLTCL provides continuing education opportunities that bring together libraries and community agencies that serve ASN.

TABLE 3.5 **Strategy #5: Ensure Accessibility**

Ensure that public library collections, services, and buildings are fully accessible and inviting to adults with special needs (ASN) and their families and advocates.

Public Libraries

- Public libraries provide services when and where ASN and their families can best use them.

Possible activities:

  - Develop outreach policies that are responsive to ASN.
  - Offer on-site collections of materials at agencies where ASN are served.
  - Provide access to the library through bookmobiles, vans, and outlets at neighborhood sites.
  - Visit sites such as nursing homes, jails, domestic abuse shelters, low-rent housing units, adult day-care centers and residential facilities for ASN.
  - Offer services to ASN who have trouble leaving their homes.

- Public libraries work with government agencies and local advocacy groups to ensure access for ASN to library facilities and services.

Possible activities:

  - Arrange for provision of bus passes.
  - Collaborate with other agencies to provide transportation.

- Public libraries design, remodel, build, and maintain facilities that are accessible and inviting to ASN.

Possible activities:

  - Examine library buildings annually.
  - Develop a plan to eliminate barriers.
  - Identify and work to reduce neighborhood barriers to library access (e.g., safety issues, automobile traffic, curb cuts in sidewalks).

- Public libraries write, regularly review, and implement plans to meet the requirements of the Americans with Disabilities Act (ADA).

Systems

- Systems provide information and workshops on outreach programs.
- Systems provide support and technical assistance to help their members in developing fully accessible collections, services, and buildings, including meeting the requirements of the ADA.
- Systems routinely model the use of assistive technology at their meetings and trainings.
- Systems develop accommodation availability statements for their meeting and training notices and routinely place these statements on publicity items created by them for member libraries.
- Systems model universal design use on all their Web pages and ensure that all Web pages created for libraries are accessible.
- Systems ensure that all training sessions and meetings are held in accessible locations.

DLTCL

- DLTCL provides information and workshops on outreach programs.
- DLTCL offers support and technical assistance to public libraries and systems in developing fully accessible collections, services, and buildings, including meeting the requirements of the ADA.
- DLTCL conducts a statewide library accessibility survey and disseminates the results.
- DLTCL models accommodation availability statements on its meeting and training notices.
- DLTCL models universal design on all its Web pages.
- DLTCL models various assistive technologies at its meetings and trainings.
- DLTCL ensures that all training sessions and meetings are held in accessible locations.

TABLE 3.6 **Strategy #6: Market Services and Materials**

Market public library services, collections, and programs to adults with special needs (ASN), their families and advocates, and the community.

Public Libraries

- Public libraries work with local agencies and media to publicize library services for ASN.

Possible activities:

  - Inform trustees regularly about ASN services.
  - Encourage word-of-mouth publicity of services.
  - Keep local, county, and state officials informed.
  - Include ASN in any library public information plan.
  - Identify and use alternative media sources (e.g., ethnic and support group publications).

- Public libraries use a variety of methods to reach adults with special needs.

Possible activities:

  - Offer library tour in other languages.
  - Offer printed information in alternative formats.
  - Routinely use large print for information of interest to seniors.
  - Use portable displays of books and materials at agencies and other locations that serve ASN.
  - Develop targeted library public service announcements and press releases for ASN.
  - Use nonprint promotional media such as cable television, billboards, and ethnically oriented radio.
  - Cite availability of assistive technology in library promotional materials.
  - Attend meetings of agencies that work with ASN.

- Public libraries develop a welcoming atmosphere toward ASN and make it a top staff priority.

Possible activities:

  - Adopt and promote policies and procedures that are responsive to the needs of ASN.
  - Invite agencies and support groups to meet at the library.
  - Display pictures that include people of color and people who have disabilities.
  - Ensure availability of assistive technology.
  - Cultivate a multilingual staff.

- Public libraries allocate staff time and funds to market library services to ASN.
- Libraries use appropriate in-house marketing for adaptive technologies and services.

Systems

- Systems offer staff training and technical advice in developing and implementing public information plans that include ASN.
- Systems produce public information materials for their members.
- Systems promote system-owned and other special needs collections and assistive technology.
- Systems include information and updates in their publications about special needs.
- Systems share examples of successful ASN marketing efforts with member libraries.

DLTCL

- DLTCL offers support and resources to public libraries and systems in marketing library services to ASN.
- DLTCL cooperates with library and other organizations in the promotion of library services to ASN.
- DLTCL incorporates ideas on how to reach and serve adults with special needs in DLTCL publications (e.g., *Channel* and monthly postings for special needs consultants).
- DLTCL shares information on state agencies and other organizations working with ASN.
- DLTCL shares information on library services to ASN with state agencies and other organizations, through print and electronic media and by providing workshops.
- DLTCL shares examples of successful marketing efforts with systems.

Reference

DeUsabel, Frances, and Coral Swanson. 1999. *Public Library Services for Youth with Special Needs: A Plan for Wisconsin*. Madison: Wisconsin Department of Public Instruction, Division for Libraries, Technology, and Community Learning, Public Library Development.

Cognitive Disabilities

4

According to the American Association for Mental Retardation, an adult is considered to have a cognitive disability based on three criteria. One criterion is intellectual functioning (IQ) that tests at 70–75 or below. However, IQ alone does not determine the level at which someone functions. Two other factors must be present before a person is considered to have a cognitive disability. They must have significant limitations in two or more adaptive skills areas, such as daily living skills, communication, self-care, social skills, academic skills, and work skills, and the condition must be present from childhood. It is estimated that 20 percent of people with developmental disabilities also have epilepsy.

People who are cognitively delayed may need one of four types of support, ranging from intermittent to limited to extensive to pervasive. Intermittent support might involve helping a person find a new job. Limited support might occur during a time of transition, such as on-the-job training when someone leaves school. Extensive support involves a need on a daily basis throughout the individual's lifetime but may occur just at home or just at work. Pervasive support involves all life areas and may involve life-sustaining activities throughout the individual's lifetime.

For the purpose of this book, the term *cognitive disability* is used to describe individuals who have a disability that limits their ability to learn and reason because it is the term used by DPI. Other terms that one finds include *mentally retarded, intellectually disabled,* and *developmentally delayed. Mentally retarded* is used somewhat less frequently within the Wisconsin school systems; however, several national service agencies continue to use this term, as do several federal educational agencies. *Developmentally delayed* includes individuals who have cognitive disabilities but also includes many people who have normal intelligence but have a delay in their physical or cognitive development. *Intellectually disabled* is a term preferred by some agencies.

Causes of Cognitive Disabilities

The cause of cognitive disabilities is known for about two-thirds of the cases. Damage can occur before or during birth or in the early childhood years. Common causes include the following:

- Fetal alcohol syndrome
- Down syndrome
- Fragile X syndrome
- Autism

Genetic conditions such as the abnormality or mutation of an inherited gene or genetic damage caused by infections or X rays can all result in cognitive disabilities. Linda Lucas Walling and M. M. Irwin state in *Information Services for People with Developmental Disabilities* (Walling and Irwin 1995) that some researchers consider fetal alcohol syndrome to be the most frequent cause of cognitive disabilities in the Western world. Use of alcohol or drugs by the mother often causes these types of disabilities. Smoking by the mother is associated with a higher risk of these intellectual disabilities. Other factors include malnutrition, environmental toxins, and certain illnesses of the mother while pregnant, such as rubella or syphilis. Prematurity and low birth weight are both associated with cognitive problems.

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The following are the known major causes of cognitive disabilities. Childhood diseases such as whooping cough, chicken pox, measles, and Hib disease (one of any bacterial infections such as pneumonia, epiglottitis, or pericarditis) can lead to meningitis and encephalitis, which often damage the brain. Accidents that result in head damage, near drowning, and lead (from paint or water) or mercury poisoning are also known causes of cognitive disabilities. Poverty is associated with cognitive disabilities because of the high incidence of malnutrition, conditions that produce disease, inadequate access to medical care, and increased exposure to health hazards in the home environment.

Medical advances have addressed several problems that resulted in cognitive disability in the past. Newborn screening can identify PKU (phenylketonuria), Rh disease, jaundice, and hypothyroidism before damage occurs and when it is treatable. Vaccines can prevent Hib diseases, measles, and rubella. Lead is no longer used in water pipes or in paint, which reduces incidents of cognitive disabilities caused by lead poisoning. Car seats and bike helmets reduce the incident of head trauma. Good prenatal care for mothers and dietary supplements that include folic acid help reduce the risk of damage to neural tubes that result in spina bifida and anencephaly, a condition in which the baby's brain fails to develop. Reye's syndrome is now more readily recognized, and parents are discouraged from using aspirin-based products to treat a fever. The question of a relationship between vaccines and autism continues to be debated and is currently being investigated by researchers, including those at the University of Wisconsin-Madison Waisman Center.

Demographics

According to The Arc (2002), a national advocacy agency for people with cognitive disabilities and their families, 2.5 to 3 percent of the population (6.2 to 7.5 million people) are thought to have a cognitive disability in the United States. It affects 25 times more people than blindness. About 85 percent of people with cognitive disabilities are mildly affected and will only be a little slower than average in learning new information and skills. The remaining 15 percent have IQ scores under 50 and have serious limitations on their functioning.

The Wisconsin Council on Developmental Disabilities' Web page (www.wcdd.org) indicates that the prevalency rate they use is 1.8 percent. This count refers to people with developmental disabilities who receive public funding and would not include people who have borderline disabilities but lead independent lives. It is important to understand that developmental disabilities include people who have disabilities such as cerebral palsy and autism, but who have normal intelligence, as well as people who have cognitive disabilities. However, the majority of people with developmental disabilities have a cognitive disability. The council estimates that approximately 10,000 children between birth and 3 years old have development disabilities; 30,000 children between the ages of 3 and 18 have these types of disabilities; and 60,000 adults have them. The *1999–2001 Biennial Report* of the Wisconsin Department of Health and Family Services (2001) indicates that counties provide supported employment services for 4,300 adults with developmental disabilities, the majority of whom can be assumed to have cognitive disabilities.

The Department of Public Instruction maintains a statewide child count of students enrolled in public school special education classes. As of December 1, 2001, there were approximately 13,166 students with cognitive disabilities as their primary disability enrolled in schools in Wisconsin. Although some children with severe cognitive disabilities or children with multiple, profound disabilities live in institutions, the trend is for children to live in their own homes or communities.

Two large organizations provide supervised housing and training for adults with cognitive disabilities. St. Coletta's School in Jefferson serves approximately 390 adult clients, and Bethesda Lutheran Homes and Services headquartered in Watertown serves approximately 280 people. Bethesda owns group homes in Brown Deer, Fort Atkinson, Fox Lake, Hebron, Greenfield, Watertown, Wauwatosa, and West Allis. All are licensed by the state of Wisconsin as community-based residential facilities (CBRFs). Supervised apartment living is available in Fond du Lac and Wauwatosa. Similar services will soon be offered in Fox Lake.

Related Issues

The support systems for cognitive disabilities and the general aging population are not designed to meet the needs of older adults who have cognitive disabilities. The Arc stresses that aging people with cognitive disabilities should be included in community events and services and be given the same dignity and respect as that offered to other seniors in the community. They should be allowed to live, learn, work, and retire where they like and receive the same financial supports as other older Americans. They should not be discriminated against in terms of housing, health care, aging services, transportation, or library services. This philosophy is echoed by the Wisconsin Bureau of Developmental Disabilities Services on its Web page (www.dhfs.state.us.bdds): "The common goal is inclusion; that is people living, working, learning, and playing in communities of their choice." Walling and Irwin (1995) describe seniors with cognitive disabilities as being in "double jeopardy." This is the result of combining age, which has its own stigma, with the often-devalued status of people with cognitive disabilities.

The Arc's Web site (www.thearc.org) includes a section devoted to minority groups with cognitive disabilities. Citing a U.S. Office for Civil Rights survey (1986–87), it reports that 41.5 percent of the children who are in special education classes because of a cognitive disability belonged to a minority group. This reflects a disproportionate prevalence of cognitive and developmental disabilities within minority groups. In 1990 the Centers for Disease Control conducted a study in Metropolitan Atlanta and found that African American children were four times as likely as Anglo-American children to be classified as having a cognitive disability.

The high incidence and placement of minority children may be explained in part by the cultural bias in IQ tests. Another factor is the higher poverty rate for minorities. Poverty is highly associated with cognitive disabilities because of such factors as poor access to health care, poor maternal nutrition and prenatal care, low birth weights, smoking, drinking, and drug abuse.

People with cognitive disabilities are extremely vulnerable to sexual abuse. They may not understand what is happening during an assault, may not be able to choose to stop it, may not act out of fear, and frequently, may have a dependent relationship with the abuser. More than 90 percent of all people with cognitive disabilities will be the victim of a sexual abuse or assault, many before they are 18 years old.

Results of the Survey of Library Services to Adults with Special Needs

Special Needs Survey Questions on Cognitive Disabilities

Question	Number of Libraries Responding Yes	Percentage
• Library has added materials in past three years in the area of cognitive disabilities.	138	47%
• Library staff attended training in the past three years on services to people who have cognitive disabilities.	39	13%
• Library Web page has links to information about cognitive disabilities.	21	7%
• Library has at least one periodical or newsletter intended for people with cognitive disabilities.	11	4%
• In the past three years, the library has had a planning process that included people with cognitive disabilities or their family members or agency advocates.	12	4%

Note: In 2002, 293 of Wisconsin's 380 public libraries completed this survey, a 77 percent response rate. See chapter 12 for the complete survey and a summary of the results.

Barriers to Service

Interviews of social service agency personnel and other individuals indicate that transportation is a frequent barrier for people with cognitive disabilities. Often, the clients cannot drive, and some cannot easily use public transportation. One interviewee mentioned that there is often a shortage of staff people at group homes or institutions to take groups or individuals into the community.

The nonsocial behavior of some people with cognitive disabilities can often be a barrier to their being in a library. Many people with cognitive disabilities cannot read, or do not read very well, and this may result in the misconception that a public library does not have any resources they can use.

Planning and Collaboration

Planning for libraries can often include individuals with cognitive disabilities because many function at a fairly high level. They have preferences and can articulate them, and they can give insight into the problems they have in using a library. It may also be good to include parents and caregivers for adults and children who have cognitive disabilities. Public schools provide instruction in most cases through the age of 21. In addition, most local communities have agencies that work with this population. Specific agencies that may be able to provide planning assistance include ARC Wisconsin, Autism Society of Wisconsin, local chapters of United Cerebral Palsy, the Epilepsy Foundation, and the Brain Injury Association of Wisconsin.

Volunteer Group in Green Lake

The Caestecker Public Library in Green Lake has involved a volunteer group of cognitively disabled adults for about seven years; they remove the date-due stickers from returned items. A group of five to six people comes once a week from the Fox River Industries in Berlin. Director Tasha Saeker notes, "Occasionally, someone has difficulty with the quiet atmosphere at the library, but beyond that they have been absolutely wonderful. In fact, they are our easiest group of volunteers to work with and one that I look forward to seeing every week. I think the key is the wonderful agency staff."

Interviews indicated that collaboration is critical for getting information about library services to this population and also for arranging transportation.

Collaborating agencies can include the following:

- Local high school special education classes
- Social service agencies
- Employers that provide "sheltered" or supervised work placements
- Agencies that make employment and housing placements for adults with cognitive disabilities
- Adult activity centers that care for adults with cognitive disabilities during the day
- Housing for adults who have cognitive disabilities
- Large private training facilities that may address the needs of many adults with cognitive disabilities
- United Cerebral Palsy, located in numerous Wisconsin communities
- The Arc, which has numerous regional chapters in Wisconsin
- Local councils on developmental disabilities
- Disabilities boards
- Goodwill Industries
- Centers for independence
- Community-based rehabilitation programs

DeForest Public Library Trains High School Students with Cognitive Disabilities

The DeForest Public Library has a long-standing cooperative training program with the local school district for high school students with cognitive disabilities. The library offers parent packets for reading readiness and to promote science and math activities for families in the community. Several hundred of these packets are given away each month.

The students in the cognitive disabilities class at the high school come to the library on a regular basis to prepare the packets. Their teachers and aides set up an assembly line operation, and the students participate to the degree that they are able. Some students who can function at a higher level may be assigned other library-related tasks such as simple shelving.

The library ends up with the packets it needs prepared for them, and the students gain job skills. Some of the participants who never used the library before become library users because their work at the library makes them comfortable and they see things that interest them while they are working there.

Staff Training

People with cognitive disabilities may have extremely limited contact with other people. Library staff can become part of their small network of acquaintances. These patrons may appreciate being greeted by name and having materials that match their interests set aside for them. Walling and Irwin (1995) point out that for many people with cognitive disabilities, the social interaction is more important than the activity itself. They note that public libraries can play a significant role in enhancing the quality of life for adults with cognitive disabilities. The collection and service options offered at a public library can be used by the individuals, their family members, and the professionals who work with them.

Adults with cognitive disabilities should be afforded courtesy and respect when they ask questions or need assistance. Rules and limits may have to be explained frequently and be consistently enforced to help them adjust their behavior to the public library environment. Flexibility and understanding in regard to behaviors that may be distracting but unintentional, or not within their ability to control, may be needed. But in general, the behavior of people with cognitive disabilities should be guided by the library's policy on behavior for all patrons.

Interviews indicated that professionals working with people who have cognitive disabilities feel that librarians in general require more training on interacting with this group of patrons. More than one interviewee stressed the need for inclusion in regular library services, rather than special services offered only for people who have cognitive disabilities. Library staff can appreciate that their interactions with people with cognitive disabilities can serve as a model for other people in the community in terms of treating them respectfully, being patient, and allowing them to make decisions. The primary need is to treat adults with cognitive disabilities the same as other adult patrons whenever possible.

The *Guidelines for Library Services to People with Mental Retardation* (American Library Association, Association of Specialized and Cooperative Library Agencies 1999) suggests that staff be trained to recognize that some people cannot control their own behavior. Their behavior may appear unusual, which may frighten both staff and other patrons. Staff training and some tolerance may be required. Adults with cognitive disabilities may require extra time and guidance to make a decision and in using library services. They may need assistance in getting information from the library's catalog and locating materials on the shelf.

Many people who have cognitive disabilities often have other types of disabilities as well, such as mobility, vision, or hearing problems. Personal adaptive equipment for people who have cognitive disabilities

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often involves communication technology, which could be a simple speech board with pictures or an electronic voice used with a computer. Because memory is often a problem for people with cognitive disabilities, they may use a visual activity list to get through the day. Library staff need training in working with adaptive devices, especially those for speech, in addition to understanding the general characteristics and behaviors of people with cognitive disabilities.

Friendships, safe environments, and public places where they are accepted are all important to people with cognitive disabilities. The public library may be one of the few public facilities where adults with cognitive disabilities are welcome to spend leisure time. This is important for the individual who likes to come to the library independently, as well as for those who come to the library as part of an outing for their housing unit or day activity center. They often have a great deal of leisure time and need outlets to pursue their interests. Unfortunately, outlets and choices for adults with cognitive disabilities can be extremely limited.

Collections and Services

The library can have information on the prevention and treatments of cognitive disabilities for the parents, families, and professionals who work with people who have these disabilities. Families need different types of information to address their concerns at different stages of their children's lives and into their adulthood.

Among the suggestions made by the interviewees for materials and services are that public libraries should own and use TTYs (text telephones) and have large-print collections, high-interest, low-vocabulary books, books on tape, and more materials that reflect cultural diversity. One interviewee mentioned that picture directories are very helpful for people with cognitive disabilities. Another indicated that adults with low reading levels do not like to ask for assistance in locating materials they can read, so it is helpful if high-interest, low-vocabulary materials can be shelved in a single location.

Flexibility is the key to providing excellent services to adults with cognitive disabilities when they come to programs or visit the library as part of a group activity. The current philosophy by professionals in the field is that adults with cognitive disabilities should be treated as adults rather than as children. Libraries should try to adapt programs for adults and those planned for all ages to accommodate adults with cognitive disabilities, rather than trying to adjust story programs that are primarily intended to meet the interests and needs of children.

Outreach Services in West Bend

For several years, Suzanne Curasi, the outreach specialist at the West Bend Community Memorial Library in West Bend, has been reading stories about five times each month for cognitively disabled older adults, in cooperation with an organization called the Threshold (similar to Goodwill). The clients spent most of their developmental years in institutional settings and have functioning levels between 18 months and 6 years of age. Many do not have verbal communication skills. There are weekly reading hours at the library, and the librarian goes to Threshold once a month for those clients whose physical disabilities make it difficult to travel.

The family members or staff who accompany the adults with cognitive disabilities to the library are perhaps in the best position to guide their loved one or clients to appropriate materials of interest to them. Individuals and groups of adults with cognitive disabilities should not be routinely routed to the youth services department, with the assumption that the materials there are the most appropriate. As true for many other adults, there are materials in both departments that may be of interest and use to them. But as with most adults, the majority of the materials that would be of interest are likely to be in the adult department.

Adults with Cognitive Disabilities Visit the Jefferson Public Library Regularly

Staff at the Jefferson Public Library are familiar with services to adults with cognitive disabilities. St. Coletta's School is located just outside the city and provides services to many clients who live independently in the community. Numerous individuals who have cognitive disabilities visit the Jefferson library on a regular basis and are quite independent. Often, these adults function at a very high level, can read, and usually use the library without much assistance.

Small groups of adults with cognitive disabilities also visit the library on a regular schedule, perhaps once a week, with an attendant. These clients often can read and enjoy working with the computers. The library staff work with the attendants and agencies on any problems that arise with the group visits. The individuals in these groups are treated as any other patrons. They are expected to follow the same rules as everyone else. In fact, part of the reason these clients are brought to the library is to help them learn and practice social rules.

In general the visits pose few problems. The library staff try to remain flexible when behavior is not acceptable, and they act as a go-between for the other patrons and the visiting group. Although many of the clients know how to access the Internet, they may request frequent assistance on how to navigate a particular site. This demand for individual instruction and attention cannot always be met because other patrons are using the library at the same time.

Some people in the group are more interested in attention than in actual information. They ask for repeated assistance, more to keep the librarian at their side than from having a real interest in the sites they are visiting. They may make continual reference requests to help find a site and once there immediately request something else without even looking at the site. Limits on the number of requests, or an expectation that the patron will work on a requested site for a certain amount of time before requesting further assistance, may be necessary. These are the types of problem solving the librarians do with the attendants and the agencies involved in bringing groups of clients to the library.

Library staff can be most helpful for groups that come at regular times, such as by pulling adult books that nonreading patrons might enjoy. They can place tactile items, such as globes, raised dioramas, and biology models, where the group can easily see them. They can offer to get the group started with computer programs. Staff can put out a selection of music compact discs (CDs) and offer assistance at listening stations, or they could offer a selection of videos or CD-ROMs and get the program started for those interested in watching it on a viewer or computer. Typically, these services would be offered by staff in the department in which the items are located.

One parent of an adult daughter with cognitive disabilities suggested that adult programs be planned to accommodate people with these types of disabilities. The program presenter could be given some general training in advance. The library can make arrangements to have a helper for the person with the cognitive disability. Although such volunteers might be available through a support agency, and group homes might bring their own staff to assist, it is better to anticipate a cost for this service, just as there are costs to adapt programs for people who are deaf. A potential source for funding to pay for such services are service clubs such as the Knights of Columbus, which has a specific outreach focus for people with cognitive disabilities.

An interviewee suggested that there is a need for computer classes adapted for people with cognitive disabilities, which could include a partner to assist individuals as they attend regular Internet training sessions. Another suggestion was that the library plan family programs of interest for all ages in the evening or on weekends. Parents of children or adults with cognitive disabilities, as well as many adults with cognitive disabilities, work during the day. Adults with cognitive disabilities may also be involved in activities and programs during the day and cannot attend library programs scheduled during weekdays. Attending programs

of general interest for all ages helps adults with cognitive disabilities feel part of the community. These programs could include a magician, musician, or storyteller, but the subject material should be of interest to both children and adults. Parents of children with cognitive disabilities appreciate libraries adapting their story programs to accommodate their children.

Walling and Irwin (1995) report that studies indicate watching television, listening to the radio, and listening to recorded music are the most common leisure-time activities for people with cognitive disabilities. They recommend that library collections include toys that encourage tactile-kinesthetic exploration for parents of children with cognitive disabilities. Adults with these disabilities still often use tactile learning, and materials for them could include jigsaw puzzles and board games, electronic math toys, and video and computer games. Many computer games can be adjusted to play at a slower speed, which might allow people with cognitive disabilities to enjoy them. Other types of materials that may be helpful are models of things like the brain or heart. The American Library Association, Association of Specialized and Cooperative Library Agencies' 1999 *Guidelines for Library Services to People with Mental Retardation* recommends that tactile materials and items that involve more than vision are very helpful, such as book and tape or video combinations.

Accessible Buildings and Services

As the *Guidelines for Library Services for People with Mental Retardation* (American Library Association, Association of Specialized and Cooperative Library Agencies 1999) points out, elaborate interior decoration and complicated floor plans may be confusing for people with cognitive disabilities, and they may need assistance finding their way around. Adults with cognitive disabilities who can read and understand the numbers of the library classification system may need very little assistance, and the library staff may not even be aware of their disabilities. But a person who cannot read may need assistance finding items of interest. Changing the location of a particular collection such as videos or music CDs may cause some confusion or even distress. Staff can help by walking the person to the new location or by greeting the patrons as they come into the library, telling them there have been some collection location changes, and then showing them the new areas.

Visual Directory at the Madison Public Library

For about a year the Madison Public Library's central location piloted a visual directory. The primary targeted groups were people who had cognitive or learning disabilities. It also benefited people who lost their ability to read or speak because of a stroke, as well as patrons who had speech problems. It also was helpful for children who could not read well and people who used English as their second language. Patrons who did not want to ask a librarian for assistance also used the directory.

When activated, the directory welcomed the patrons to the library and explained that all questions could be answered at the desk located near the directory. Then the patrons were invited to select an item listed on the directory's index. The items were listed both in print and as a visual image. The display included a floor plan for both levels of the building. The patron could select from a directory that listed such things as videos, music CDs, newspapers, the reference desk, and the children's department, each with a corresponding visual symbol. A voice gave simple directions on how to find the location. The visual symbol was also located in the appropriate place on the building's floor plan.

The product was custom designed by Attainment Company, located in Verona, Wisconsin. Attainment is a pioneer in adapted communication devices and in nonprint methods of delivering information. The company has a strong interest in visual directories in public buildings.

Marketing

Because many adults with cognitive disabilities may not be able to read, or do not read well, they are not likely to get information about local events from the daily newspapers. Many cannot travel independently, and thus they may not come to the library alone. A frequent recommendation mentioned in the interviews was to target the families and support agencies for people with cognitive disabilities. Libraries might contact the following agencies:

- Regional chapters of The Arc
- Sheltered work-placement agencies or locations
- Faith-based programs with outreach activities for adults who have cognitive disabilities
- High school programs that may serve students until age 21
- Local chapters of United Cerebral Palsy
- Independent living centers

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Walling, Linda Lucas, and Marilyn H. Harrenbrock. 1993. *Disabilities, Children, and Libraries: Mainstreaming Services in Public Libraries and School Library Media Centers.* Westport, Conn.: Libraries Unlimited.

Walling, Linda Lucas, and M. M. Irwin. 1995. *Information Services for People with Developmental Disabilities: The Library Manager's Handbook.* Westport, Conn.: Greenwood Press.

Wisconsin Department of Health and Family Services. 2001. *1999–2001 Biennial Report.* Madison: Wisconsin Department of Health and Family Services.

Additional Resources

National Organizations

American Association on Mental Retardation. <www.aamr.org>; 800-424-3688 or 202-387-1968; 444 N. Capitol Street NW, Suite 846, Washington, DC 20001-1512. Provides information about the mental retardation and disabilities field.

The Arc of the United States. <www.thearc.org>; 800-433-5255 or 301-565-5451; 1010 Wayne Avenue, Suite 650, Silver Spring, MD 20910. A national organization of and for people with mental retardation and related developmental disabilities and their families.

Developmental Disabilities Leadership Forum. <www.ddleadership.org>; 781-642-0001; Eunice Kennedy Shriver Center, 200 Trapelo Road, Waltham, MA 02452-6319. The Forum is a project of the Shriver Center, a division of the University of Massachusetts Medical School, offering courses, discussion groups, articles, and events related to developmental disabilities.

National Down Syndrome Society (NDSS). <www.ndss.org>; 800-221-4602 or 212-460-9330; 666 Broadway, New York, NY 10012. The largest nongovernmental supporter of Down syndrome research in the United States.

National Fetal Alcohol Syndrome (NFAS). <www.nofas.org>; 202-785-4585; 216 G Street NE, Washington, DC 20002. Dedicated to eliminating birth defects caused by alcohol consumption during pregnancy and improving the quality of life for those individuals and families affected by fetal alcohol syndrome.

Special Olympics. <www.specialolympics.org>; 800-700-8585; 1325 G Street NW, Suite 500, Washington, DC 20005-3104. Dedicated to empowering individuals with mental retardation to become physically fit, productive, and respected members of society through sports training and competition.

United Cerebral Palsy (UCP). <www.ucpa.org>; 800-872-5827; 202-776-0406 (TTY); 1660 L Street NW, Suite 700, Washington, DC 20036. Advances the independence, productivity, and full citizenship of people with cerebral palsy and other disabilities through independence, inclusion, and self-determination.

U.S. Department of Health and Human Services, The Administration for Children and Families, Administration on Developmental Disabilities. <www.acf.dhhs.gov/programs/add/states/ddcouncils.htm>; 202-690-6590; HHH 300-F, 370 L'Enfant Promenade SW, Washington, DC 20447. Ensures that individuals with developmental disabilities and their families have access to services and assistance that promote independence, productivity, and inclusion.

Wisconsin Organizations

The Arc–Wisconsin (formerly the Wisconsin Association for Retarded Citizens). <danenet.danenet.org/arcw/>; 608-251-9272; 121 S. Hancock Street, Madison, WI 53703. Provides advocacy, guardianship services, training, and information and referral services for people with developmental disabilities. Includes county-level chapters and their locations.

Attainment Company. <www.attainmentcompany.com>; 608-845-7880; 504 Commerce Parkway, Verona, WI 53593. Creates products and resources for people who have a family member with a disability, including seniors, and for people with developmental and other disabilities.

Autism Society of Wisconsin (ASW). <www.asw4autism.org>; 888-428-8476 or 920-993-0279; 103 W. College Avenue, Suite 709, Appleton, WI 54911-5744. Provides support and information to the autism community and sponsors an annual conference, produces a free quarterly newsletter, maintains a directory, and makes referrals.

Family Village Community Center. <www.familyvillage.wisc.edu>; This Web site is maintained by the Waisman Center at the University of Wisconsin–Madison. It integrates information, resources, and communication opportunities for persons with cognitive and other disabilities, for their families, and for professionals who work with them.

Knights of Columbus, Wisconsin State Chapter. <www.wikofc.org>; 608-274-5750; 4297 W. Beltline Highway, Madison, WI 53711. A Catholic organization with a special focus on people with cognitive disabilities. Local chapters may be willing to help raise funds for library projects. State organization makes grants between $3,500 and $4,500; public libraries are eligible. Contact the Knights of Columbus to get the current name of the chairman of the Committee to Aid State Citizens with Mental Handicaps.

People First Wisconsin. <www.peoplefirstwi.org>; 888-270-5352; 3195 S. Superior Street, Milwaukee, WI 53207. A statewide advocacy organization for people with disabilities to help have their voices heard.

Trace Research and Development Center, University of Wisconsin–Madison. <www.trace.wisc.edu>; 608-262-6966; 608-263-5408 (TTY); 5901 Research Park Boulevard, Madison, WI 53719-1252. Works on ways to standardize information technologies and to make telecommunications systems more accessible and usable by people with disabilities.

United Cerebral Palsy–Wisconsin (UCP Wisconsin). <www.ucpa.org> (the Web address for all Wisconsin affiliates is the national organization Web page); 800-261-1895 or 715-832-1782; 206 Water Street, Eau Claire, WI 54703. UCP Wisconsin is operated by the Eau Claire chapter.

UCP of Greater Dane County. 608-273-4434; 1502 Greenway Cross, Madison, WI 53713.

UCP of Mideast Wisconsin. 800-261-1895 or 920-424-4071; 920-424-4076 (TTY); 36 Broad Street, Suite 120, P.O. Box 1241, Oshkosh, WI 54903-1241.

UCP of North Central Wisconsin. 800-472-4408 or 715-842-8700; 740 N. Third Street, Wausau, WI 54403.

UCP of Southeastern Wisconsin. 888-482-7739 or 414-329-4500; 414-329-4511 (TTY); 7519 W. Oklahoma Avenue, Milwaukee, WI 53219.

UCP of West Central Wisconsin. 715-832-1782; 206 Water Street, Eau Claire, WI 54703.

Waisman Center, University of Wisconsin–Madison. <www.waisman.wisc.edu>; 608-263-5776 or 608-263-5910; 608-263-0802 (TTY); 1500 Highland Avenue, Madison, WI 53705-2280. Dedicated to the advancement of knowledge about human development and developmental disabilities throughout a person's life span. The center is one of nine national centers that encompasses a Mental Retardation Developmental Disabilities Research Center and a Center for Excellence in Developmental Disabilities.

Wisconsin Council on Developmental Disabilities. <www.wcdd.org>; 608-266-7826; 608-266-6660 (TTY); 600 Williamson Street, P.O. Box 7851, Madison, WI 53707-7851. Dedicated to improving the independence, productivity, and integration of people with developmental disabilities.

Wisconsin Department of Health and Family Services. <www.dhfs.state.wi.us>; 608-266-1865; 608-267-7371 (TTY); 1 W. Wilson Street Madison, WI 53702.

Bureau of Developmental Disabilities Services (BDDS), Division of Supportive Living. <www.dhfs.state.wi.us/bdds>. Responsible for services and supports for people with developmental disabilities in terms of independent living and preventing placement in institutions.

Centers for People with Developmental Disabilities. <www.dhfs.state.wi.us/Disabilities/dd_ctrs/DDcenters.htm>. The Division of Care and Treatment Facilities operates three centers for people with developmental disabilities in Wisconsin—Central, Northern, and Southern Centers. Centers are licensed as ICF/MR (intermediate-care facilities for the mentally retarded) facilities and are located in Madison, Chippewa Falls, and Union Grove.

Community Integration Program (CIP). <www.dhfs.state.wi.us/bdds/cip.htm>. Helps people with developmental disabilities relocate from state centers and nursing homes back to their communities. Also helps pay for adaptive aids, communication aids, day care, respite care, supportive home care, placement in group homes, supportive employment services, and specialized transportation.

Self-Determination Project. <www.dhfs.state.wi.us/bdds/cip.htm>. A grant is used to enhance efforts to involve people with developmental disabilities in decisions regarding what services they receive, where they live, and how they find employment. Dane, La Crosse, and Winnebago Counties were the test sites.

Supported Employment. <www.dhfs.state.wi.us/bdds/supempl.htm>. Employment service for individuals with disabilities. Provides ongoing support services, job matching, on-the-job training, and mentoring, as well as assistance with transportation and community living.

Supported Housing. <www.dhfs.state.wi.us/bdds/housing.htm>. Provides specialized housing counseling and explores housing dilemmas and solutions. The supported-housing specialist also provides consultation to local lenders, property developers, real estate agents, and others involved with housing.

Wisconsin Department of Public Instruction, Educational, Special Education, Cognitive Disabilities. <www.dpi.state.wi.us/dpi/dlsea/een/cd.html>; 608-266-1785; 125 S. Webster Street, P.O. Box 7841, Madison, WI 53707-7841. A consultant in the area of cognitive disabilities working with both parents and teachers to meet the needs of students who have cognitive disabilities.

All Web sites listed in this section were accessed in November 2002.

Getting Started with Little Money and Time: Cognitive Disabilities

The following are some ideas for public libraries to use when designing services for people with cognitive disabilities.

Breaking Down Barriers

- Greet every patron who walks in the door and offer to assist them if they need help; if appropriate, greet the patrons by their first or last name.

Planning and Collaboration

- Identify the agencies in the community that may be involved with services to people who have cognitive disabilities.
- Get free informational brochures on cognitive disabilities from organizations such as The Arc, Special Olympics, and United Cerebral Palsy. Put this literature into a vertical file or out for the public to pick up as they browse.
- Evaluate the library's adult programming to see if a program could be of interest to adults with cognitive disabilities. Discuss with agency staff ways the program could be adapted if necessary. Ask to try a joint effort on a pilot program to see if the clients attend and enjoy the program.
- If there are routine simple tasks that might make a good volunteer project for adults with cognitive disabilities, invite an agency to work with the library to set up a volunteer project.
- Ask the local Council of the Knights of Columbus if it will fund a subscription to a periodical that includes information on working with adults who have cognitive disabilities, such as *Exceptional Parent* magazine.

Staff Training

- Ask service agencies if they could provide a free brief staff and trustee training session for the library.

Collections and Services

- Assess your collection and identify tactile items that may be of interest to adults with cognitive disabilities. Put them in a highly accessible and visible location during the next visit by a group of patrons who have cognitive disabilities.
- Weed your collection of dated material on the subject of cognitive disabilities, and save reviews of new materials in print and nonprint format for future purchase.

Accessible Buildings and Services

- Spend some time playing with computer games the library owns that are of interest to all ages. See if they can be adjusted to allow for a longer response time. The next time a group of adults with cognitive disabilities visits the library, invite them to try out the game at a slower speed.
- If groups of adults with cognitive disabilities come regularly to the library and enjoy computers, look into pairing them with high school students who can help answer questions. Many high school students need to perform community service as a graduation requirement, and many student organizations are willing to help out in the community.

Marketing

- Put up posters that feature people with cognitive disabilities in positive ways or interacting with the general community.

- Plan a display on the local Special Olympic winners or an art display from the high school classes for students with cognitive disabilities or from a local agency that provides art recreation services for adults with cognitive disabilities.
- Plan displays for Mental Retardation Awareness Month (www.thearc.org) and National Autism Awareness Month (www.autism-society.org), both in March.

All Web pages listed here were accessed in November 2002.

Mental Illness

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The *Resource Guide* of the National Alliance for the Mentally Ill (NAMI) Wisconsin (1999) defines mental illness as a group of brain disorders that cause severe disturbances in thinking, feeling, and relating to other people. They often result in an inability to cope with ordinary demands of life. Symptoms vary, but all people with mental illnesses have some of the common behavioral characteristics. There may be changes in thinking or perceiving (hallucinations, delusions, excessive fears, inability to concentrate). The changes could be in mood (sadness unrelated to events or circumstances, extreme excitement or euphoria, pessimism, hopelessness, loss of interest in activities, talking or thinking about suicide). Changes in behavior may also be noticed (sitting and doing nothing, overfriendliness, dropping out of activities, a decline in academic or athletic performance, hostility, indifference even in highly important situations, or the inability to express joy). NAMI defines mental health as the successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to change and cope with adversity.

The precise cause of most mental disorders is not known, but the broad forces that shape them are biological, psychological, social, and cultural. A stressful life event, such as the diagnosis of cancer, may have a psychological effect later. There is some evidence of genetic factors involved with some types of mental disorders, and a vulnerability to certain disorders can be inherited. Some mental disorders are the result of infections such as measles, encephalitis, streptococcal infections, or chronic meningitis.

The National Alliance for the Mentally Ill–Dane County, Inc., is undertaking a major outreach effort aimed at raising awareness that mental illness is simply a brain disorder—not a character flaw and not the fault of the individual involved. Mental illnesses are usually treatable, and early detection is very helpful in the treatment process.

Types of Mental Disorders

Depression

Depression is one of the most common mental illnesses and also the most treatable. It affects more than 19 million Americans each year. Unlike those with other types of mental illness, people with depression are often blamed and told to "snap out of it." Numerous medications are available that can help treat depression. When combined with psychotherapy they are effective in 80 percent of the cases.

One in five people with major depression, and half the people with manic depression, attempt suicide. According to the Wisconsin Department of Health and Family Services' *Wisconsin Suicide Prevention Strategy* (2002), suicide is the second leading cause of death in Wisconsin for young people and the tenth leading cause for all ages. Wisconsin's suicide rate is three times the state's homicide rate—600 people in the state die by suicide each year—and the majority of people who commit suicide have mental health or substance abuse problems.

Symptoms of depression include the following:

- Feelings of sadness, hopelessness, guilt, or worthlessness.
- Difficulty concentrating.
- Lack of energy.
- With severe forms of depression, people cannot work or participate in daily activities.
- Often, people with depression feel that death is preferable to living in pain.

Bipolar Disorder or Manic Depressive Disorder

Bipolar disorder, also called manic depressive disorder, involves a swing from periods of depression to periods of mania, which is a persistent, excessively "high" mood. Those affected usually have normal or stable periods between the swing from one pole to another. The disorder often first appears in childhood or adolescence, but in the majority of cases it begins in young adulthood. It rarely develops after the age of 35.

Schizophrenia

Schizophrenia affects mental processes such as thinking, judgment, and sensory perception, and it affects the person's ability to appropriately interpret and respond to situations or stimuli. It may also cause communication difficulties. Persons with schizophrenia may refuse or resist attempts to help or control the disorder. The mean age for the first psychotic episode of people with this disorder is approximately age 21 for men and approximately age 26 for women.

Symptoms can include the following:

- Hallucinations
- Delusions
- Suspiciousness
- Withdrawal
- Drastic changes in behavior or personality

The most difficult symptom to treat is the failure to recognize that one is ill.

Behaviors may include the following:

- Acute sensory sensitivity
- Hearing voices
- Relating elaborate delusions, including thinking they are someone else (even God)
- Paranoid delusions in which they think people are watching or persecuting them
- Fear that people are putting thoughts into their heads or reading their minds

In later stages, the emotions are flat, and the person may be apathetic, may remain quietly in one place for a long time or be immobile, and may perform ritualistic behaviors.

There is no cure for schizophrenia, but many medications can reduce symptoms.

Schizoaffective Disorder

Schizoaffective disorder shows a combination of symptoms such as hallucinations or delusions and significant depression or mania. It used to be considered a subtype of schizophrenia but now is thought to be a separate illness.

Anxiety Disorders

Anxiety disorders include panic disorder, post-traumatic stress disorder (PTSD), and obsessive-compulsive disorder (OCD).

People with panic disorders have "attacks" when there is nothing to fear. During an attack, people may think they are going to die. The following symptoms may occur:

- Sweating
- Shortness of breath
- Heart palpitations
- Choking
- Fainting

A combination of therapy and medication can help 70 percent of people with panic disorders.

Post-traumatic stress disorder results from exposure to a traumatic event. People often re-experience the event in their memories or dreams and feel as if the event is actually recurring. They may avoid certain stimuli that trigger memories of the event. In addition, they may feel detached from other people or numb. They may have sleep disturbances and memory and concentration problems and may have angry outbursts, be hypervigilant, or have exaggerated startle responses. Many veterans who have served in combat, refugees, and victims of abuse experience PTSD.

Most people with OCD disorders have both obsessions and compulsions. Obsessions are repeated, intrusive, and unwanted thoughts that cause extreme anxiety. Compulsions are ritual behaviors that a person performs to reduce anxiety. Common examples include repeated hand washing, counting, checking to see if a door is locked or an appliance is turned off, and repeating a word or action. A combination of therapy and medication can help 50 percent of people with OCD.

Borderline Personality Disorder

Borderline personality disorder (BPD) is characterized by impulsive behavior and unstable moods. It is a fairly common disorder and appears more often in women than men. Symptoms include the following:

- Avoidance of abandonment
- Self-damaging impulses
- Recurrent self-mutilation or suicidal behaviors
- Chronic feelings of emptiness or boredom
- Inappropriate anger
- Transient paranoid ideas

Demographics

People are considered to have a mental illness if they have a cluster of symptoms that when taken together, impair the person's ability to function. A conservative estimate given in *Mental Health: A Report of the Surgeon General—Executive Summary* (U.S. Department of Health and Human Services 1999) is that approximately 5.4 percent of adults have a serious mental illness. These would include people with severe schizophrenia and bipolar disorder, as well as severe forms of depression, panic disorders, and OCD. The most severely disabled people, about 0.5 percent of the population, receive Social Security disability benefits for mental health-related reasons. Data from 1998 indicate that 28,027 Wisconsin residents received federal disability and Social Security benefits for a mental illness.

Types of Mental Disorders and Estimates of U.S. Population

Type of Disorder	Estimated Percentage of Population	Type of Disorder	Estimated Percentage of Population
Any anxiety disorder	16.4%	Any mood disorder	7.1%
Simple phobia	8.3%	Major depression	6.5%
Social phobia	2.0%	Unipolar major depression	5.3%
Agoraphobia	4.9%	Dysthymia (mild depression)	1.6%
Generalized anxiety disorder	3.4%	Bipolar I and II	1.7%
Panic disorders	1.6%	Schizophrenia	1.3%
Obsessive-compulsive	2.4%	Nonaffective psychosis	0.2%
Post-traumatic stress	3.6%	Somatization	0.2%
		Antisocial personality	2.1%
		Anorexia nervosa	0.1%

Source: Mental Health: A Report of the Surgeon General (U.S. Department of Health and Human Services 1999).

Mental Health Issues of Minority Groups

A report by the U.S. Surgeon General's office, *Mental Health: A Report of the Surgeon General* (U.S. Department of Health and Human Services 1999), concludes that the U.S. mental health system is not well equipped to meet the needs of the racial and ethnic minority populations in the United States. Numerous barriers prevent these groups from seeking treatment, and if they do access services, their treatment often is not appropriate.

Evidence indicates that persons from a minority background are less likely than European Americans to seek outpatient treatment for mental health issues. This results in treatment only when the illness creates an emergency situation. Many members of minority groups fear, or feel ill at ease with, the mental health system. African Americans may not seek help because of their experience with forced control, racism, and discrimination. Some immigrants may be undocumented and less likely to trust medical authorities for fear of being reported and deported. For some, language may be a barrier. Many Native Americans have a strong distrust of government agencies based on past experience, and this is especially true for those who live on reservations. Many of these minority groups live in poverty, and people living in poverty are two-and-a-half times as likely to have a mental disorder than people in higher economic categories. They are likely to have less access to health insurance and thus to mental health services.

Drugs are not often tested on minority group members, and as a result the dosage does not take into account differences in ethnic metabolism. Because antipsychotic medications are absorbed more slowly by many ethnic groups than by European Americans, the medication stays in the blood stream longer and causes more side effects.

A higher percentage of African Americans have mental disorders than European Americans, which is partly related to socioeconomic factors. Most African Americans with mental disorders are poor. In comparison, the rate of mental illness for African Americans in higher economic brackets is the same as European Americans who have the same incomes. Poverty may explain in part why many African Americans delay treatment until symptoms become so severe that in-patient care is needed. The surgeon general's report indicated that minority populations are disproportionately represented in institutionalized populations of people with mental illness and underrepresented in outpatient treatment populations. There is an overdiagnosis

of schizophrenia and an underdiagnosis of depression for African Americans, which is attributed in part to bias on the part of mental health professionals.

The surgeon general's report indicates that Hispanics have about the same rates of mental disorders as European Americans. Native Americans and Alaskan Natives have not been well studied within the mental health profession, but depression seems to be a significant problem for these groups. Alcohol abuse is especially problematic and occurs at twice the rate than for all other population groups.

A new approach now being used by some mental health providers involves training to provide culturally appropriate services based on an understanding of the importance of culture, respect for it, and a valuing of cultural diversity.

Mental Health Issues of War Refugees

The U.S. Committee on Refugees maintains information on issues related to refugee mental health (U.S. Committee of Refugees 1997). Refugees' experiences often involve war and displacement trauma that occurred before they arrive and psychosocial issues once they are here. Civilians in war zones have a shattered sense of safety and a penetrating awareness of their vulnerability. They may be traumatized by imprisonment, which can include isolation cells and sleep deprivation. They may not know what happened to their loved ones. Rape, an institutionalized weapon of war in many countries, is common, as is torture. Refugees may be forced to witness torture or executions or experience mock execution themselves.

Shortages of food, medicine, and medical services compromise the health of refugees. Their homes and possessions have been destroyed or left behind. Family members are often separated, wounded, or killed, a source of chronic unresolved grief for many survivors. When they reach refugee camps, they find conditions that are primitive and dangerous. All these factors lead to anxiety disorders, especially PTSD or combat stress disorder, which affect 25 to 94 percent of war-zone refugees.

Refugees may experience severe culture shock. Seniors in particular are often less able to adapt and are overwhelmed. Old ways of life may not be valued, and respect for elders may become irrelevant. Some refugees work so hard in their new country that they have little energy to deal with their emotional problems. Others may be unemployed and unable to motivate themselves in daily life, much less address their psychological problems. Grief is a common response to the loss refugees feel. Many refugees are at risk for suicide because of their despair. The period of adjustment may be characterized by withdrawal or an exacerbation of other problems masked by alcohol use. Family conflicts may worsen especially as the younger generation embraces the culture of the new country.

Refugees often have a fear or hatred for government or authority because the source of their trauma was often the people in power. As a result, refugees may avoid counseling offered by government agencies, even if it is free.

Other Mental Health Issues

People who have a mental illness are at higher risk of becoming abusers of alcohol or drugs than the general population. It is estimated that 20 percent of people with all types of mental illnesses have a substance abuse problem. Information from the National Coalition for the Homeless (2002) indicated that 22 percent of people who are homeless have a mental illness and 34 percent have an alcohol or drug addiction. Barriers to adequate mental health services in rural areas include geography, distance, and the dynamics of providing cost-effective medical services in sparsely populated areas. The stigma of mental illness is particularly intense in rural areas; anonymity can be almost impossible to maintain, and choices for services can be extremely limited.

A recent British study indicates less than 10 percent of violent crime is associated with mental illness ("Psychotic Illness" 2002). Poverty and drug abuse more frequently foster violence; people who commit violent acts are most likely to be male, young, and poor, not mentally ill.

Although many older Americans perceive depression to be a normal part of aging, it does not have to be. Late-life depression affects 6 million Americans, and only 10 percent receive treatment. Women are most affected. Depression can be triggered by common illnesses such as cancer, lung disease, Alzheimer's, heart disease, and arthritis. One-third of people with diabetes are depressed. Treatment of depression can shorten the rehabilitation process and induce a more rapid recovery for people with many diseases. Older Americans are also most at risk for suicide. The rate of suicide is 50 percent higher for seniors than for young people. In Wisconsin, males over age 75 are three times more likely to commit suicide than the general population.

Results of the Survey of Library Services to Adults with Special Needs

Special Needs Survey Questions on Mental Illness Disabilities

Question	Number of Libraries Responding Yes	Percentage
• Library has added materials in past three years on a subject related to mental illness.	169	58%
• Home delivery is available for people who cannot leave their homes because of an emotional disability.	59	20%
• Library staff attended training in the past three years on services for people who have a mental illness.	36	12%
• Library has at least one periodical or newsletter intended for people with emotional disabilities.	31	11%
• Library Web page has links to information about mental illness.	28	10%
• Library Web page has links to information about brain injuries.	22	8%
• Library provides deposit collections at institutions for people who have emotional disabilities.	10	3%
• In the past three years, the library has had a planning process that included people with a mental illness or their family members or agency advocates.	9	3%

Note: In 2002, 293 of Wisconsin's 380 public libraries completed the survey, a 77 percent response rate. See chapter 12 for the complete survey and a summary of the results.

Barriers to Service

Transportation can be a factor for people who have a mental disorder and who cannot drive or do not have access to public transportation. Some may not speak English. Others avoid the library because they are afraid of new situations or may not have the confidence to explore new places. Some people with mental disorders who are aware that their appearance or behaviors seem strange to other people may also avoid public places. Others may not realize the public library has resources that would be of help or interest to them. Some mental disorders prevent people from leaving their homes. Past negative experiences in public libraries may also keep some people with mental disabilities from returning to public libraries. One interviewee explained that mental illness is often an invisible disability, and for that reason librarians may not recognize that people need special assistance.

Planning and Collaboration

Results from the interviews indicated that local chapters of NAMI, which exist in many Wisconsin counties, would make excellent collaborating partners. In addition, every community is served by the county social service provider. Many local hospitals and care facilities that offer services to people with emotional disabilities have outreach departments that also could make good partnering agencies. Because of their interest in promoting awareness of mental health issues, NAMI staff and county social service departments may be especially willing to serve on planning committees or offer insight into potential services and staff training. They may be willing to do surveys with their clients or ask for volunteers to serve as a focus group for the library.

Volunteer Placements Made in Ashland

The Vaughn Public Library in Ashland receives regular visits from clients of a local facility that serves people with mental illnesses. Some of the visitors later become volunteers at the library, when they are no longer in treatment. Typical tasks involve shelf reading, filing, photocopying, and other office-related activities. The library also provides display space of projects from the art therapy classes offered at the mental health center.

Staff Training

A typical reaction to people who have emotional disorders is fear. An overview of mental disorders and associated behavioral characteristics can be helpful. One interviewee stressed that staff training can aid librarians in recognizing stereotypes about people with mental illnesses and thus help dispel these misconceptions. One especially harmful stereotype is the misconception that most people with mental illnesses are dangerous. Training can include suggestions on how to handle problem behavior and when to recognize the need to call for assistance from others when dealing with a particular situation. In most cases, however, emotional disabilities will be invisible. Local chapters of NAMI or social service agencies likely can provide this type of training without charge.

Collections and Services

The interests and needs of people who have mental disorders are as diverse as the general population. A good collection of materials in different formats is needed for all community members. Current materials on mental health issues and specific emotional disabilities might be used by the people affected, their families, and the professionals working with them. Interviewees also recommended access to the Internet with bookmarks to agencies that offer mental health services and information on mental illness.

Accessible Buildings and Services

Typically, people with mental disabilities have the same range of physical disabilities as the general population. Their secondary physical disabilities may require the same accommodations as others who have similar limitations. People whose emotional disabilities are obvious because of their behavior may en-

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counter discrimination. They may be made uncomfortable by those who do not understand, are afraid of, or have little tolerance for their unusual behavior in public. Library staff can help model tolerance and respect in their interactions with people who have emotional disabilities. They can help support the rights of people with mental illnesses to be in the library and to use its services. Lonnie McFadden, with Independence First in Milwaukee, explained that people with mental disorders often feel isolated. They may be unable to work and may not have a steady income. They may also have quite a bit of unstructured time. Free entertainment, adult or intergenerational programs, or a reading club at the library might be of interest to them.

Home Services Available in Manitowoc

The Manitowoc Public Library has a service that delivers materials to people's homes when circumstances make it difficult for them to leave their homes. Several of the patrons who receive this service have emotional, rather than physical, disabilities. The library has a home services brochure that describes the program.

Another person pointed out that people who are hospitalized or institutionalized because of a mental disorder typically do not have access to computers. They very much appreciate using computers and accessing the Internet when they come in groups to the library. She stressed that it is helpful if the library has Web sites bookmarked so that people do not become confused or frustrated with their on-line searching.

Marketing

One of the marketing suggestions that arose from the interviews was that public libraries include information about their services in public service ads on television and radio. Local newspapers were also recommended. The interviewees also suggested that public libraries add local agencies that provide mental health services to their mailing list for the library's newsletter to keep them abreast of library activities.

A personal contact might encourage local hospitals, group homes, or other care facilities to make the library a destination when they take their clients for a field trip. The library environment helps people who are hospitalized feel normal and a part of the community. Linda McArthur, with the Franciscan Skemp Health-Siena Hall Day Treatment Program in La Crosse, reported that some of her patients continued to use the library once they returned to the community because they had such positive experiences visiting the library while receiving treatment.

References: Mental Illness

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U.S. Department of Health and Human Services. 1999. *Mental Health: A Report of the Surgeon General—Executive Summary*. Rockville, Md.: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health. <www.surgeongeneral.gov/Library/MentalHeath/>.

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Additional Resources

National Organizations

Center for Multicultural and Multilingual Mental Health Services. <www.mc-mlmhs.org>; 773-751-7261; 4750 N. Sheridan Road, Suite 300, Chicago, IL 60640. Assists mental health workers whose clients have a culture or language barrier to treatment.

National Alliance for the Mentally Ill (NAMI). <www.nami.org>; 703-524-7600; Help Line: 800-950-6264; Colonial Place Three, 2107 Wilson Boulevard, Suite 300, Arlington, VA 22201. A self-help, support, and advocacy organization for people with severe mental illnesses.

National Empowerment Center. <www.power2u.org>; 800-769-3728; 599 Canal Street, Lawrence, MA 01840. Provides information and referrals to mental health resources and offers technical assistance for empowerment activities.

National Institute of Mental Health (NIMH). <www.nimh.nih.gov>; 301-443-4513; 301-443-8431 (TTY); 6001 Executive Boulevard, Room 8184, MSC 9663, Bethesda, MD 20892-9663. Diminishes the burden of mental illness through research.

National Mental Health Association Information Center. <www.nmha.org>; 800-969-6642 or 703-684-7722; 800-433-5959 (TTY); 1021 Prince Street, Alexandria, VA 22314-2971. Maintains a referral and information center, and helps identify local chapters.

Wisconsin Organizations

Madison Institute of Medicine. <www.mimine.org>; 608-827-2470; 7611 Mineral Point Road, Suite 300, Madison, WI 53717.

Lithium Information Center. Provides biomedical and general information about lithium and other treatments for bipolar disorder. Makes referrals to doctors and support groups.

Obsessive Compulsive Information Center (OCD Information Center). The OCD Information Center collects and disseminates information about obsessive-compulsive disorder and related disorders and makes referrals to physicians and support groups.

National Alliance for the Mentally Ill Wisconsin (NAMI Wisconsin). <www.namiwisconsin.org>; 800-236-2988 or 608-268-6000; 4233 W. Beltline Highway Madison, WI 53711. NAMI was founded in Madison, Wisconsin, in 1980 and is now a national organization. NAMI Wisconsin provides information and serves as an advocate on a state and national level on mental illness.

Wisconsin Clearinghouse for Prevention Resources. <www.uhs.wisc.edu/wch/>; 800-248-9244 or 608-262-9157; 1552 University Avenue, P.O. Box 1468, Madison, WI 53705-4085. A unit of University Health Services, University of Wiscosin–Madison, it includes resources for the prevention of substance use and violence.

Wisconsin Coalition for Advocacy, Inc. <www.w-c-a.org>; 800-928-8778 or 608-267-0214; 16 N. Carroll Street, Suite 400, Madison, WI 53703. Protects and advocate for the rights of people with mental illnesses; receives funding from the Federal Center for Mental Health Services.

Wisconsin Department of Health and Family Services. <www.dhfs.state.wi.us>; P.O. Box 7851, 1 W. Wilson, Madison, WI 53707-7851.

Bureau of Community Mental Health. <www.dhfs.state.wi.us/mentalhealth>; 608-267-7792. Provides information on admission, care, treatment, release, and patient follow-up in public or private psychiatric residential facilities.

Mendota Mental Health Institute. 608-243-2500, 301 Troy Drive, Madison, WI 53704. Provides inpatient services for civilly committed patients and prisoners. It has a secure correctional facility for male adolescents with mental health needs and outpatient services.

Sand Ridge Secure Treatment Center. 608-847-1720; P.O. Box 700; Mauston, WI 53948. Provides treatment and supervised release for adults who have committed sexually violent crimes.

State Mental Health Council. 608-267-9282; 1 W. Wilson, Madison, WI 53807-7851.

Winnebago Mental Health Institute. 920-235-4910, P.O. Box 9, Main Street, Winnebago, WI 54985-4910. Provides inpatient evaluation and treatment for civilly committed patients and prisoners. It serves children and adults and acts as a training center for university students.

Wisconsin Resource Center. 920-426-4310; 1505 North Street, P.O. Box 16, Winnebago, WI 54985-0016. A medium-security facility for inmates transferred from Wisconsin prisons because of behaviors that are a danger to themselves or others and if the other prisons did not have mental health services.

Wisconsin Department of Workplace Development, Division of Vocational Rehabilitation (DVR). <www.dwd.state.wi.us/dvr>; 800-442-3477 or 608-343-5699; 2917 International Lane, Suite 300; Madison, WI 53707. Provides employment services for people who have a physical or mental impairment that makes it difficult for them to get or keep a job. DVR helps people prepare for work or find and keep a job.

Wisconsin Family Ties. <www.wifamilyties.org>; 800-422-7145 or 608-267-6888; 16 N. Carroll Street, Suite 640, Madison, WI 53703. Works to create a greater understanding, acceptance, and community support for families that include children and adolescents with emotional, behavior, and mental disorders.

Wisconsin Prevention Network. <danenet.danenet.org>; 715-356-8540; P.O. Box 1526, Appleton, WI 54912-1526. A statewide membership association of individuals and organizations working together to ensure human and financial resources for prevention and wellness.

Wisconsin United for Mental Health. <www.wimentalhealth.org>; 866-948-6483; phone number and Web site maintained by the Mental Health Association, 734 Fourth Street, Suite 200, Milwaukee, WI 53203. Site provides information on mental illness and statistics on Wisconsin and nationwide.

All Web sites listed in this section were accessed in November 2002.

Getting Started with Little Money and Time: Mental Illness

The following are some ideas for public libraries to use when designing services for people with mental illness.

Breaking Down Barriers

- Greet everyone who comes into the library with a smile and a hello; invite patrons to request assistance if they need it. Be prepared to accept that some people will not answer or acknowledge the welcome.
- Be patient with adults who may exhibit unusual behaviors, as long as they are not disturbing anyone else in the library. If it is necessary to ask an adult to leave because of behavior, explain that their behavior on this day is not acceptable or that it seems to be a bad day for them, but that they are welcome to come back when they are feeling more in control.
- Be flexible but consistent with behavioral expectations. In general, the same behavior rules apply to all people. It is a good idea to have general behavior expectations written down in a handout so that if intervention is necessary, the rules can be given to the patron as they are explained.
- Discuss with the library board behavioral expectations for homeless people who may spend a great deal of time in the library, especially in the winter, and who may have emotional difficulties. Again, behavioral expectation should be consistently implemented, but a degree of flexibility may be possible for people who have emotional disabilities.

Planning and Collaboration

- Call the local mental health agencies and ask for brochures or information on support groups. Put this literature out for the public, keeping one copy for the vertical files or the reference desk.
- If a local hospital or nursing home has a unit for people with emotional disabilities, call and offer a rotating collection of materials.
- Invite a local mental health support group to hold one of its meetings at the library.

Staff Training

- Arrange for a staff and trustee training session that includes an overview of the various types of mental disorders, identification of problem behaviors, and techniques for dealing with them. Often, local mental health support groups or service providers will provide this training at no cost.
- Encourage staff to discuss any adult behaviors they do not understand, are afraid of, or do not know how to handle, and brainstorm coping techniques. Be sure all staff can recognize actual dangerous situations and know emergency procedures.

Collections and Services

- Weed the library's collection of dated materials on mental health and mental illness, and watch and save reviews of new materials for this section of the collection.

Accessible Buildings and Services

- If the interests for patrons who have emotional disabilities are known, put materials aside for them. If they are willing to converse, offer the materials to them. If they do not like to talk, put the materials where they are likely to see them. Perhaps just walk by and put them on the table where the patron is sitting, without initiating conversation.
- If the library offers home delivery of materials to people with physical disabilities who find it difficult to leave their homes, consider expanding the service to include people who have emotional disabilities that may at times prevent them from leaving home.
- Consider offering a program related to mental health issues and services for the general public.

MARKETING

- Plan to help raise awareness for National Mental Health Month (www.nmha.org), National Anxiety Disorders Screening Day (www.freedomfromfear.org), and National Suicide Awareness Week (www.suicidology.org), all in May. In addition, the library can raise awareness for National Mental Illness Awareness Week (www.psych.org) or National Depression Screening Day (www.mentalhealthscreening.org/depression.htm), both in October.

All Web pages listed here were accessed in November 2002.

Mobility

6

Most people will experience a mobility limitation at some point in their lives. Mobility limitations can be temporary, such as sprains and breaks in bones. Or they can fluctuate between limitation and free movement when caused by something such as arthritis. However, many diseases, accidents, developmental factors, and aging can result in permanent loss or lack of some types of mobility.

The United Cerebral Palsy Web site (www.ucpa.org) includes an estimate that 4 out of 10 people have a physical disability and that 33 percent of all households have a member who is disabled. Of all adults who do not have a disability, 50 percent have a spouse, child, parent, or close friend with a physical disability. U.S. census data indicate that in Wisconsin, 195,568 people have a mobility or self-care limitation or both, 97,191 adults who have a disability are employed, and 234,698 report a disability that prevents them from working (Bureau of the Census 2000).

Physical Disabilities in Wisconsin

One-fourth of all adults in Wisconsin have at least one of the following limitations:

20 percent of adults have trouble doing vigorous exercise.
11 percent of adults have trouble climbing a few flights of stairs.
12 percent of adults have trouble bending, lifting, or stooping.
8 percent of adults have trouble walking one block.
7 percent of adults are prevented from working at a job or at home, or from going to school.
2 percent of adults have trouble eating, dressing, bathing, or toileting.

Source: Wisconsin Family Health Survey (Wisconsin Department of Health and Family Services, Bureau of Health Information 1998).

The *Wisconsin Family Health Survey,* conducted by the Wisconsin Department of Health and Family Services, Bureau of Health Information (1998) reported that approximately 5 percent of Wisconsin residents living at home, or 311,537 individuals, have a physical disability. The survey did not include people in institutions.

People with the most severe disabilities receive Social Security benefits. According to the Wisconsin Department of Health and Family Services' Physical Disabilities File (1998), 33,217 people received such benefits in 1998. The *1999–2001 Biennial Report* of the Wisconsin Department of Health and Family Services (2002) indicates that in 1999, 3,803 people with physical disabilities used Community Options funding to remain in their homes or to live in community settings instead of nursing homes. But there was a waiting list by the end of 2000 of 2,665 people.

Causes of Some Mobility Impairments

The following are the causes of some mobility impairments:

- Cerebral palsy
- Muscular dystrophy and other neuromuscular diseases
- Amyotrophic lateral sclerosis (ALS, also known as Lou Gehrig's disease)
- Multiple sclerosis (MS)
- Spina bifida
- Epilepsy
- Paralysis
- Spinal cord injuries (SCIs)
- Brain injury
- Limb loss
- Postpolio syndrome
- Arthritis

Parents of Children with Mobility Limitations

Figures on enrollment in special education classes indicate that there has been a rapid increase in the number of children with disabilities in public schools. There are several reasons for this increase. In part it is a result of laws requiring education for all children and of the Americans with Disabilities Act (ADA). Medical advances can today save the lives of many infants who in the past often would have died because of their disability and prolong the lives of children with some types of disabilities who previously would have died very young. Another factor is that the definition of disability has been expanded to include conditions such as attention deficit and learning disabilities.

More children who live in poverty have disabilities than do children from more affluent families. Among the poor, there is a higher risk of many prenatal factors such as low birth weight, exposure to environmental hazards, and poor access to prenatal care for mothers, as well as a significantly higher risk of having a mother with a drug or alcohol addiction.

Although children with disabilities may be mainstreamed into regular classrooms at school, parents who look for activities for their children outside of school may encounter a range of responses from outright rejection to a welcoming acceptance. Public libraries can provide a valuable service for these parents by being one of the community places that provides a warm acceptance.

A Sense of Normalcy

A parent who works for the Waisman Center in Madison stressed how appreciative she is of librarians who smile and talk to her son, who is severely disabled. He cannot respond, and at times he makes noises he cannot control. This mother related that one of the most important things the library does is provide a "sense of normalcy" for both her son and for her as a parent. She noted that there are not many places she can take her son in the community that allow her to just be a normal parent with a child for a little while. A public library can be a place where the parent and child are welcomed and treated like everyone else, something that is very important to parents who have children with special needs because it rarely happens in other public places.

Results of the Survey of Library Services to Adults with Special Needs

Special Needs Survey Questions on Mobility

Question	Number of Libraries Responding Yes	Percentage
• Home delivery is available for people with mobility issues.	145	49%
• Library has added materials in past three years on mobility.	89	30%
• Home delivery is available for caregivers who have responsibility for someone with a severe disability.	63	22%
• Library has a brochure that describes special services for people with limited mobility.	58	20%
• Library staff attended training in the past three years in the area of services for people with limited mobility.	56	19%
• Library has at least one periodical or newsletter intended for people with mobility disabilities.	37	13%
• In the past three years, the library has had a planning process that included people with mobility limitations.	31	11%
• Library Web page has links to information about mobility disabilities.	26	9%

Note: In 2002, 293 of Wisconsin's public libraries completed the survey, a 77 percent response rate. See chapter 12 for the complete survey and a summary of the results.

Barriers to Service

Transportation was mentioned repeatedly in interviews as a major life concern for people who have mobility issues, particularly if they use a wheelchair. It is an especially serious issue for people who must rely on public transportation. Some people with mobility limitations cannot easily access or use computers and electronic catalogs without adaptations. Illiteracy may also be a barrier. Others may encounter barriers in public because of how they are treated or because communication is difficult for them.

Planning and Collaboration

Interviewees suggested that agencies providing services to people who have mobility limitations could help public libraries gather a focus group to guide the library in planning services to meet their needs. The New Jersey State Library stressed in its 1999 publication *Equal Access to Information: Libraries Serving People with Disabilities* the need for staff to be aware of disabilities and to be trained to meet those needs in the most effective ways. They called on libraries to involve people with disabilities, as well as representatives from service agencies in planning library staff training and services.

The interviews also noted that agencies that serve people with mobility limitations are located in most counties in the state. These include

- United Cerebral Palsy,
- independent living centers,

- Goodwill, and
- county departments of social services.

All of these agencies will likely be willing to help familiarize their clients with public library information. Most have newsletters and could include library updates if the library added them to its own newsletter mailing lists. A suggestion from the interview with Options for Independent Living in Green Bay was to use the adaptive equipment resource staff at agencies such as Options and independent living centers to help select adaptive technologies for the library, especially for computers. The library can invite agencies that host support groups for people with mobility limitations to meet occasionally at the library.

Staff Training

The Public Library Association (PLA) presented a session on disabilities at its 2002 conference in Arizona. One of the speakers said that the key to successfully meeting the needs of people with disabilities is *staff training, staff training, staff training!* Although many resources and technologies are involved in serving people with disabilities, conference speakers emphasized that staff training should begin with sensitivity training, an understanding of the various types of disabilities, and communication skills needed to help staff feel comfortable interacting with people who have a range of disabilities.

One of the speakers at the PLA session explained that it is not a good idea for only one person to know how specialized equipment and software works. All staff should have a working knowledge and be able to demonstrate equipment use. A suggestion was that every staff person, in addition to having a working knowledge of the equipment and software, be assigned one particular machine or software package for which they are primarily responsible. They would manage the maintenance for the equipment and be responsible for ordering, installing, and training upgrades on any software programs as they became available.

One of the interviewees recommended *The Ten Commandments of Communicating with People with Disabilities* as a training video for library staff. Ordering information for this video, as well as some other videos, is included in the "Additional Resources" section at the end of this chapter. In addition to disability awareness training, interviewees said it was important that library staff be familiar with how to operate software that enlarges or reads text and alternative input devices such as track balls. They felt librarians should be connected to the social service providers in the local area and know where to refer patrons. Suggestions for "people-first" language and terms to use and avoid when writing and speaking about people with disabilities are included in appendix 1.

Collections and Services

One of the best-kept secrets libraries have is home-delivery service. Many professionals who responded to interviews were not aware that many public libraries offered this service. Interviewees commented that libraries need to advertise this service more openly. One interviewee recommended that public libraries maintain a good collection of books and videos on CD and CD-ROM programs. Many people with severe disabilities would welcome materials that they could use on their adapted computers at home.

Among the program and service suggestions people made in the interviews were classes on how to use the Internet, how to do on-line searches of magazines, a text-scanning service so that clients could have books scanned and placed on a disc for use at home, tours of the library and tutorials on how to locate infor-

mation, support for literacy instruction, and general community programs on issues related to people with disabilities, such as housing, transportation, recreation, and so on.

Participants in the disabilities session at the 2002 PLA conference suggested that programs include an adaptive technologies workshop in which people could come in and try out various types of equipment for use at home or learn how to select a wheelchair. Independent living centers are likely to be willing to help with such programs.

Accessible Buildings and Services

Access to public buildings was mandated when the ADA was passed in 1990. The law called for public entities to do an assessment of their facilities, to make a plan to address areas of noncompliance, and to move toward full accessibility. Unfortunately, too many libraries in Wisconsin remain in the assessment and planning stages and have never moved on to resolving their accessibility problems. The results of the Public Library and Branch Building Accessibility Survey, completed by the DLTCL in 2001 showed that 88 percent of public libraries and branch buildings in Wisconsin have an accessible entrance. However, getting in the front door does not mean that the rest of the library is accessible. The next section presents summaries of the results of this survey and the Workstation Accessibility Survey from 2000.

Access to Computer Technology and Accessible Workstations

The National Council on Disabilities (NCD) issued a report in 2001 called *The Accessible Future*. In it, the NCD dispels the myth that computer technology and computer access is readily available to people with disabilities and is enhancing their lives. Although technologies exist that could help people with many kinds of disabilities, they may be the population segment least apt to have a computer or use the technologies. The following is an excerpt from that report:

> Any assumption that all or most information technology is routinely available to or usable by people with disabilities would be a grave mistake. For many of these citizens the information gap is not narrowing. Paradoxically, at the very time when many people assume that technology is steadily bringing people with disabilities more opportunities for access than they have ever known before, this same technology may in many cases be reinforcing patterns of exclusion and isolation. . . .
>
> Beyond a certain point, the line between accidental and deliberate exclusions may be hard to draw, where the means exist to mitigate palpable injustice, and are not taken the suspicion at some point becomes unavoidable that the line has been crossed. The line between who is a person with a disability will steadily erode. Whether we have disabilities, do not have them, or are on the cusp of having them, inaccessible technology affects us all. . . .
>
> A recent Department of Commerce study found that people with disabilities were only half as likely to have access to the Internet as other Americans. And Americans with disabilities from culturally diverse backgrounds have an even lower access to the Internet. As libraries make even greater use of computers, many access issues that people with disabilities face at home or work are also encountered in these public settings.
>
> We live in what is frequently called the "information age." Information is the principal commodity of commerce. Access is more and more the arbiter, of success and the source of opportunity in education and employment. It should not be surprising that access to information and to the technology generating, transmitting and storing it would become a civil rights issue for many people with disabilities and for our society. We must assure that all Americans can participate in the information society of the 21st Century.

Workstation Accessibility Survey

83 percent of Wisconsin public libraries have a computer cart or table that is accessible to people who use wheelchairs.

22 percent have a 19-inch or larger monitor.

18 percent have software that enlarges or reads text.

15 percent have a trackball as an alternative to a mouse.

Source: Wisconsin Department of Public Instruction, Division for Libraries, Technology, and Community Learning, 2000 Workstation Accessibility Survey. The response rate was 97 percent.

Public Library and Branch Building Accessibility Survey

Accessibility Questions	Yes or No	State Totals	State Percentages
Accessible entrances	Yes	398	88%
	No	55	12%
Electronic door[a]	Yes	174	38%
	No	280	62%
Remodeled to meet ADA requirements or new building since 1990[b]	Yes	249	55%
	No	202	45%
Meeting room is accessible[c]	Yes	243	91%
	No	23	9%
Bathroom is accessible	Yes	374	83%
	No	79	17%
All floors are accessible[d]	Yes	88	71%
	No	36	29%
A continually accessible path is available throughout the library	Yes	356	79%
	No	96	21%

Source: Wisconsin Department of Public Instruction, Division for Libraries, Technology, and Community Learning, 2001 Public Library and Branch Accessibility Survey. The response rate was 98 percent.

[a]This is not an ADA requirement.

[b]Some libraries were accessible prior to 1990.

[c]281 libraries have a meeting room; 171 do not.

[d]133 libraries have more than one floor; 318 do not.

Mobility Aids in Public Libraries

Many kinds of mobility aids can be found in Wisconsin libraries, including wheeled walkers with a seat and basket, wheelchairs, motorized scooters, and shopping carts and baskets. Information gathered from libraries around the state regarding their use of mobility aids indicates that in general, libraries that keep their equipment in a visible location and encourage self-service reported frequent equipment use, whereas libraries that keep their equipment out of sight with a sign advertising availability reported less use. Librarians who reported having wheelchairs as well as wheeled walkers or shopping carts stated that the carts and walkers are used more frequently than the wheelchairs. Few libraries reported abuse problems with their equipment.

Serving Patrons Who Have Limited Mobility (Library Media & PR n.d.) offers some suggestions on how to make best use of mobility aids in public libraries. The article strongly recommends that the mobility aids should be kept in plain sight, "not hidden in a closet," and near a full-time staffed location such as the circulation desk. It also stresses that libraries should use all means possible to tell the community about them. This article, found on Library Media & PR's Web site, includes free PR images, such as a wheelchair in the universal library image with a person reading a book. These bookmark masters have several different texts, including "Scoot Around @ Your Library" and "Get Around @ Your Library."

Librarians reported a variety of donation sources. Both Sun Prairie Public Library's wheelchair and the wheeled walker and shopping baskets at the Marathon Public Library in Wausau were donated by the Friends of the Library. The Walter E. Olson Memorial Library in Eagle River received its wheelchair from a patron's mother, who had used it only a short time. Drug and hospital supply stores and Rotary Clubs were donors for several libraries. The local Catholic Apostolate for the Handicapped donated a wheelchair to the Monroe Public Library.

Comments by Librarians about Mobility Aids

Patrons Appreciate Wheelchair

> "Just this morning an elderly couple came in our library and the gentleman was using a walker and had a big patch on his leg. His wife asked if we had a motorized scooter (we do not), but we did offer our wheelchair, which they greatly appreciated."
>
> Linda Pierschalla, Waukesha Public Library

Best Investment We Ever Made

> "Our patrons who need the walkers are thrilled because they have sturdy baskets with a seat. If patrons come with a less sturdy walker or simply need one because they are going to be standing for a long time (browsing), they use ours. They love the independence it gives them in the library. This is one of the best investments we ever made for people with mobility problems."
>
> Suzanne Curasi, West Bend Community Memorial Library

It Got Me Thinking

> "I recall my mother complaining about how difficult it was to maneuver my grandmother's wheelchair in and out of the car when they went on outings. It was what got me thinking about how much more convenient a library visit would be if the caregiver didn't have to worry about equipment."
>
> Lori Belongia, Marshfield Public Library

Racine Public Library received three wheelchairs in response to a request it placed on a local radio station and a small article in the *Milwaukee Journal-Sentinel*. The Neenah library has two wheelchairs, one for adults and one for children; they were budgeted as part of a new building project. The Lions Club donated a walker in Marshfield. The staff at the Marshfield Public Library view the wheelchair at the entrance as an in-house marketing tool. It is a symbol of the staff's willingness to try to anticipate and meet everyone's needs, and it extends a welcome, especially to people who have a special need of any type.

The public library in West Bend rented a wheelchair for several months to see if people would use it. There were no requests, so the library stopped renting and purchased two wheeled walkers. The walkers are used daily.

Although the Mead Public Library in Sheboygan has a wheelchair, staff find that regular shopping carts are much more popular with senior customers. The library has used shopping carts for decades. They are not walkers, just small upright, sturdy shopping carts that seniors like to use while selecting materials for check-out. The carts are also appreciated by parents with young children, who can ride in the seat section of the cart. This is an example of how an accommodation intended primarily for use by people with special needs can benefit many others in the community as well. A wide range of shopping carts is available.

Some libraries do not allow patrons to take the wheelchairs and wheeled carts out to the parking lot. The issue is primarily one of security. A common problem for people who transport others who use a wheelchair, however, is that the driver has difficulty loading and unloading the wheelchair from the car. The difference between a person getting out of their home for an outing or having to stay home can depend on knowing that the driver can go into a building and bring a chair or walker out to the car.

Marketing

Speakers at the 2002 PLA session stressed that it is not enough to purchase materials in alternate formats or adaptive equipment. These resources need to be marketed to targeted audiences. They stressed the need for in-library marketing, which should include good signage. For out-of-library marketing, interviewees suggested working through agencies that provide services for people with disabilities. Many of these organizations have a newsletter for their clients and may be willing to include library information in them. Local newspapers and radio stations are also important vehicles to communicate with people who have physical disabilities.

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Additional Resources

Periodicals

ABILITY Magazine. <www.abilitymagazine.com>; 949-854-8700; ABILITY Magazine, 1001 W. Seventeenth Street, Costa Mesa, CA 92627. This publication brings disabilities into the mainstream with celebrity interviews and other information. Has excellent resources and links.

New Mobility. <www.newmobility.com>; 215-675-9133, ext. 109; No Limits Communications, Inc., P.O. Box 220 Horsham, PA 19044. A lifestyle magazine for users of wheelchairs, focusing on full participation in work, love, sex, parenting, art, recreation, and travel.

Paraplegia News. <www.pn-magazine.com/PN/>; 888-888-2201 or 602-224-0500; PVA Publications, 2111 E. Highland Avenue, Suite 180, Phoenix, AZ 85016-4702. A magazine for people with mobility impairments, covering all the latest news.

Special Living Magazine. <www.SpecialLiving.com>; 309-820-9277; Special Living Magazine, P.O. Box 1000, Bloomington, IL 61702-1000; A new quarterly magazine for people with physical disabilities, focusing on products, accessible housing, travel, inspiration, people, and more.

WEMagazine. <www.wemedia.com>; 212-931-6700; 212-375-6235 (TTY); WeMedia, Inc., 130 William Street, New York, NY 10038. A glossy consumer lifestyle publication with an innovative approach to cross-disability issues; it is also available on audiotape.

Videos

And Access for All: ADA and Your Library. 1993. 47 min. Library Video Network. Videocassette. ($130, Library Video Network, 320 York Road, Towson, MD 21204; 800-441-8273; <www.bcpl.net/~inlib/lvn.html>.)

Differences Make Us Stronger: Diversity in the Library. 1995. 40 min. Library Video Network. Videocassette. ($130 Library Video Network, 320 York Road, Towson, MD 21204; 800-441-8273; <www.bcpl.net/~inlib/lvn.html>.)

The Ten Commandments of Communicating with People with Disabilities. 1994. 26 min. Program Development Associates. Videocassette. ($195 from Program Development Associates, P.O. Box 2038, Syracuse, NY 13220-2038; 800-543-2110; Set includes 20 pages of disability resource materials; <www.pdassoc.com>.)

Videoguide to (Dis) Ability Awareness. 1993. 25 min. Fanlight Productions. Videocassette. ($195 from Fanlight Productions, 4196 Washington Street, Suite 2, Boston, MA 02131; 800-937-4113; <www.fanlight.com>.)

National Organizations

American Association for People with Disabilities (AAPD). <www.aapd-dc.org>; 800-840-8844; 1819 H Street NW, Suite 330, Washington, DC 20006. A national organization that represents Americans with disabilities to achieve the goal of full inclusion.

Clearinghouse on Disability Information Office of Special Education and Rehabilitative Services, Office of Special Education and Rehabilitative Services. <www.ed.gov/offices/OSERS/>; 202-205-8241; Room 3132, Switzer Boulevard, 330 C Street SW, Washington, DC 20202-2524. Provides information to people with disabilities and makes referrals. Located in the Office of Special Education and Rehabilitative Services (OSERS), which is divided into three areas: the Office of Special Education Programs, the Rehabilitation Services Administration, and the National Institute on Disability and Rehabilitation Research.

Disability Resources on the Internet. <www.disabilityresources.org>; 516-585-0290; Disability Resources, Inc., 4 Glatter Lane, Centereach, NY 11720-1032. Promotes and improves awareness, availability, and accessibility of information that can help people with disabilities.

DO-IT (Disabilities, Opportunities, Internet Working and Technology), University of Washington. <www.washington.edu/doit/>; 206-685-3648 (voice/TTY); P.O. Box 355670, Seattle, WA 98195-5670. A program of the University of Washington, with funding by the National Science Foundation, Washington State, and the U.S. Department of Education. Provides many services promoting the use of electronic and information technology to maximize independence.

Ectaco Corporate Center. <www.ectaco.com/dictionaries>; 646-526-5475; 31-21 Thirty-first Street, Long Island City, NY, 11106. A source for electronic translators.

BEST COPY AVAILABLE

ERIC Clearinghouse on Disabilities and Gifted Education (ERIC EC). <ericec.org>; 888-232-7733 or 703-620-3660; 1920 Association Drive, Reston, VA 22091-1589; ERIC EC focuses on professional literature, information, and resources related to the education and development of individuals who have disabilities or who are gifted.

Franklin Electronic Publishers. <www.franklin.com>; 800-266-5626; One Franklin Plaza, Burlington, NJ 08016-4907. A source for electronic translator devices.

Genetic Alliance. <www.geneticalliance.org>; 800-336-4363 or 202-966-5557; 4301 Connecticut Avenue NW, #404, Washington, DC 20008-2304. A coalition of parents, professionals, and organizations working to enhance the lives of everyone impacted by genetic conditions.

Goodwill Industries International. <www.goodwill.org>; 240-333-5200; 9200 Rockville Pike, Bethesda, MD 20814. A network of 208 community-based organizations that serves people with disabilities by providing job training, employment services, job placement, and postemployment support.

Graphic Artist Guild. <www.gag.org/resources/das>. An online resource with 12 symbol designs to promote and publicize accessibility of places, programs, and other activities for people with disabilities.

Great Lakes ADA Center. <www.adagreatlakes.org>; 312-413-1407 (voice/TTY); University of Illinois-Chicago, Institute on Disability and Human Development, 1640 W. Roosevelt Road (MC/626), Chicago, IL 60608-6902. This regional center offers information to agencies and the public on issues related to the Americans with Disabilities Act.

Libraries Serving Special Populations (LSSPS), Association of Specialized and Cooperative Library Agencies within the American Library Association. <www.ala.org/ascla/lssps/>; 800-545-2433; 888-814-7692 (TTY); 50 E. Huron, Chicago, IL 60611. Works to improve the quality of library service for people with special needs and to foster awareness of their needs in the library.

Library Media & PR. <www.ssdesign.com/librarypr/>; 818-980-7476; 11045 Wrightwood Place, Studio City, CA 91604-3961; Two items that are of particular interest at this site are *Disabilities Clip Art* and *Serving Patrons Who Have Limited Mobility*.

National Association of Protection and Advocacy Systems (NAPAS). <www.protectionandadvocacy.com/napas12.htm>; 202-408-9514; 202-408-9521 (TTY); 900 Second Street NE, Suite 211, Washington, DC 20002. An umbrella organization for the federally mandated system in each state that provides protection of the rights of persons with disabilities through legally based advocacy. In Wisconsin, the Client Assistance Program (CAP) within the Department of Agriculture's Trade and Consumer Protection unit is the agency associated with this system.

National Easter Seals Society. <www.easter-seals.org>; 800-221-6827 or 312-726-6200; 312-726-4258 (TTY); 230 W. Monroe Street, Suite 1800, Chicago, IL 60606. Helps more than a million people with disabilities gain greater independence each year.

National Institute on Disability and Rehabilitation Research (NIDRR). <www.ed.gov/offices/OSERS/NIDRR/>; 202-205-8134; 202-205-9433 (TTY); 400 Maryland Avenue SW, Washington, DC 20202-2572. The U.S. Department of Education's Office of Special Education and Rehabilitative Services (OSERS), through the NIDRR, conducts research and related activities to maximize the full inclusion, employment, and independent living of people of all ages who have disabilities.

National Organization on Disability (N.O.D.). <www.nod.org>; 202-293-5960; 202-293-5968 (TTY); 910 Sixteenth Street NW, Washington, DC 20006. Promotes full and equal participation of Americans with disabilities in all aspects of life.

The National Rehabilitation Information Center (NARIC). <www.naric.com>; 800-346-2742 or 301-588-9284; 8455 Colesville Road, Suite 935, Silver Spring, MD 20910-3319. This information center focuses on disabilities and rehabilitation.

National Spinal Cord Injury Association. <www.spinalcord.org>; 800-962-9629 or 301-588-6959; 8701 Georgia Avenue, Suite 500, Silver Spring, MD 2085. Works to develop better programs and services and advocates for improved access, housing, transportation, employment, and leisure-time activities for disabled people.

Office of Rare Diseases National Institutes of Health. <www.cancer.gov/cancerinfo/>; 301-402-4336; Federal Building, Room 618, 7550 Wisconsin Avenue, Bethesda, MD 20892-9120. This site has information on more than six thousand rare diseases, including current research, publications, completed research, ongoing studies, ethical trials, and patient support groups.

United Cerebral Palsy (UCP). <www.ucpa.org>; 800-872-5827 or 202-776-0406; 202-973-7197 (TTY); 1660 L Street NW, Suite 700, Washington, DC 20036-5602. Advances the independence, productivity, and full citizenship of people with cerebral palsy and other disabilities.

VSA arts (formerly Very Special Arts). <www.vsarts.org/info/index.html>; 800-933-8721 or 202-628-2800; 202-737-0645 (TTY); 1300 Connecticut Avenue NW, Washington, DC 20036. Provides programs in creative writing, dance, drama, music, and the visual arts for individuals with physical and mental disabilities. Founded in 1974 by Jean Kennedy Smith, it is an affiliate of the John F. Kennedy Center for the Performing Arts.

Wizcom Technologies Ltd. <www.wizcomtech.com>; 888-777-0552 or 978-635-5357; 257 Great Road, Acton, MA 01720. A source for pens that scan and translate; some have voice capability.

World Wide Web Consortium (W3). <www.w3.org>; 617-253-2613; Massachusetts Institute of Technology, Laboratory for Computer Science, 200 Technology Square, Cambridge, MA 02139. Pursues accessibility of the Web through technology, guidelines, tools, education and outreach, and research and development.

Wisconsin Organizations

Easter Seals–Wisconsin. <www.wi-easterseals.org>; 800-422-2324 or 608-277-8288; 608-277-8031 (TTY); 101 Nob Hill Road, Suite 30, Madison, WI 53713. Provides client services, resources for farmers with disabilities, and information on special events sponsored by Easter Seals of Wisconsin and on sources for craft items made by people with disabilities.

Family Village, Waisman Center, University of Wisconsin–Madison. <www.familyvillage.wisc.edu>; 608-263-5973; 608-263-0802 (TTY); 1500 Highland Avenue, Madison, WI 53705. Family Village operates through the Waisman Center at the University of Wisconsin–Madison and integrates information, resources, and communication opportunities for people with disabilities, their families, and professionals.

Goodwill—Wisconsin Chapters

Goodwill Industries of North Central Wisconsin, Inc. <www.goodwillncw.org>; 920-731-6601; 1800 Appleton Road, Menasha, WI 54952-1195.

Goodwill Industries of Northern Wisconsin and Upper Michigan, Inc. <www.goodwill.org/states/wi/marinette.htm>; 715-732-0563; 1428 Main Street, Marinette, WI 54143.

Goodwill Industries of South Central Wisconsin, Inc. 608-246-3140; 1302 Mendota Street, Madison, WI 53714-1024.

Goodwill Industries of Southeastern Wisconsin, Inc. <www.goodwillsew.com>; 414-353-6400; 6055 North Ninety-first Street, Milwaukee, WI 53225-6518.

March of Dimes–Capitol of Wisconsin Chapter. <www.marchofdimes.com>; 800-747-3463 or 608-838-6649; 4904 Triangle Street, McFarland, WI 53558-9363. A chapter of the national organization.

March of Dimes–Great Northern Lakes Chapter. 920-337-9099; 790 Parkview Road, Green Bay, WI, 54304-5779. This is a regional chapter of the Wisconsin organization.

March of Dimes–Southeastern Chapter. 414-778-3500; 2675 N. Mayfair Road, Suite 506, Wauwatosa, WI 53226;. A regional chapter of the Wisconsin organization.

United Cerebral Palsy of Wisconsin (UCP of Wisconsin). 888-845-5775; 206 Water Street, Eau Claire, WI 54703.

Independent Disability Services. 608-754-5552; 2100 E. Milwaukee Street, Suite L10, Janesville, WI 53545.

UCP of Greater Dane County. 608-273-4434; 1502 Greenway Cross, Madison, WI 53713.

UCP of North Central Wisconsin. 800-472-4408 or 715-842-8700; 740 N. Third Street, Wausau, WI 54403.

UCP of Southeastern Wisconsin. <www.ucpa.org>; 414-329-4500; 7519 W. Oklahoma Avenue, Milwaukee, WI 53219.

UCP of West Central Wisconsin. 715-832-1782; 206 Water Street Eau Claire, WI 54703.

Cerebral Palsy of Mideast Wisconsin, Inc. 800-261-1895; 36 Broad Street, Suite 120, PO Box 1241, Oshkosh, WI 54903-1241. (This agency is not directly affiliated with UCP of Wisconsin.)

VSA Arts of Wisconsin (formerly Very Special Arts). <www.vsawis.org>; 608-241-2131; 4785 Hayes Road, Madison, WI 53704. Works to expand the capabilities, confidence, and quality of life for children and adults with disabilities by providing programs in music, dance, drama, creative writing, and visual art.

Wheel Chair Recycling Program. <www.wrp.org>; 608-243-1785; 4521 Helgesen Road, Madison, WI 53718; and 414-933-7370; 2711 W. Wells St., Milwaukee, WI 53208. Recycles mobility devices, refurbishing and distributing them to people who cannot afford to purchase their own.

Wisconsin Department of Agriculture Trade, and Consumer Protection, Client Assistance Program (CAP). <www.dwd.state.wi.us/dvr/cap.htm>; 608-224-5070; 2811 Agriculture Drive, P.O. Box 8911, Madison, WI 53708-8911. CAP is administered by the Department of Agriculture, Trade, and Consumer Protection and is not attached to the same department (Department of Workforce Development) as the Division of Vocational Rehabilitation (DVR). CAP can help resolve complaints with DVR.

Wisconsin Department of Health and Family Services (DHFS). <www.dhfs.state.wi.us>; 608-266-1865; 608-267-7371 (TTY); 1 W. Wilson Street, Madison, WI 53702. DHFS coordinates programs and services in areas such as public health, nutrition, long-term care and services for people who are elderly, children's services, and certain types of consumer information.

Community Options Program (COP). <www.dhfs.state.wi.us/LTC_COP/copdesc.htm>. Helps people get the long-term support they need to remain in their own homes and communities.

Disability Resource Centers. <www.dhfs.state.wi.us/Disabilities/Physical/centers.htm>. Eight pilot counties offer these "one-stop shopping" centers, focusing on issues affecting older people, those with disabilities, or their families. The centers provide information and assistance, long-term care options counseling, benefits counseling, emergency response, prevention and early intervention, and access to the Family Care benefit.

Division of Supportive Living, Bureau of Aging and Long Term Care Resource. <www.dhfs.state.wi.us/aging/>. This agency helps older adults and their families connect with the services they need.

Family Care Options for Long Term Care. <www.dhfs.state.wi.us/LTCare/INDEX.htm>. A long-term care program being piloted in nine Wisconsin counties. Fosters people's independence and quality of life, while recognizing the need for interdependence and support.

Governor's Committee for People with Disabilities (GCPD). <www.dhfs.state.wi.us/Disabilities/Physical/gcpd.htm>; 608-266-5451; 1 W. Wilson Street, Room 550, P.O. Box 7850, Madison, WI 53707-7850. This committee tries to improve employment opportunities for people with disabilities. Unlike other disability councils, the focus includes all disabilities. It advises the governor and state agencies on problems faced by people with disabilities, reviews legislation, promotes state programs, raises public awareness of needs, and encourages involvement of people with disabilities in government.

Office for Persons with Physical Disabilities (OPPD). <www.dhfs.state.wi.us/Disabilities/Physical/OPPD.htm>; 608-266-9667; 608-267-9880 (TTY); 1 W. Wilson Street, Room 450 P.O. Box 7851; Madison, WI 53707-7851. A unit of the Department of Health and Family Services, Division of Supportive Living, Bureau of Aging and Long Term Care Resources. It identifies system barriers and recommends solutions, promotes effective programs and services, and provides leadership for people with physical disabilities. It administers the contracts for eight independent living centers, writes grants, provides demographic data, administers the assistive technology program, and sponsors training.

Spinal Cord Injury Project, Office for Persons with Physical Disabilities. <www.dhfs.state.wi.us/Disabilities/Physical/SCI.htm>. Seeks to determine what events cause spinal cord injuries and develop effective prevention strategies.

Wisconsin Assistive Technology Program (WisTech). <www.wistech.state.wi.us>. Independent living centers provide information and access to assistive technology. The WisTech program provides loans for people with disabilities to purchase equipment and technologies to remain independent.

Division of Supportive Living, WisTech. 608-266-9303; 608-267-9880 (TTY); P.O. Box 7851, 1 W. Wilson, Room 450, Madison, WI 53707-7852.

Wisconsin Council on Long Term Care. <www.wcltc.state.wi.us>. This council looks at the overall long-term care system and how the various programs intersect and overlap. It helps implement and evaluate Family Care. It has oversight responsibilities for the long-term care system.

Wisconsin Council on Physical Disabilities. <www.pdcouncil.state.wi.us>. Develops and implements a plan of services for people with physical disabilities. It advises state agencies on legislation and promotes public awareness about the abilities of and barriers to people with physical disabilities. It submits an annual report to the state legislature.

Wisconsin Independent Living Centers. <www.dhfs.state.wi.us/Disabilities/Physical/ILCs.htm>. Provides peer support, information and referral, independent-living skills training, advocacy community education, personal care, and service coordination. Every county is served by a center. This site lists and provides links to all the centers in the state. The centers also provide access to assistive technology as part of the WisTech program.

Wisconsin Pathways to Independence. <www.dhfs.state.wi.us/WIPathways/>; 866-278-6440 or 608-266-3063; P.O. Box 1379, Madison WI 53701-1379. This is a research and demonstration project for DHFS and the Department of Workforce Development. It removes barriers to employment for people with severe disabilities and provides ready access to the comprehensive help they need in order to work.

Wisconsin Department of Public Instruction. <www.dpi.state.wi.us>; 800-441-4563 or 608-267-9251; P.O. Box 7841, Madison, WI 53707-7841.

Division for Learning Support: Equity and Advocacy. <www.dpi.state.wi.us/dpi/dlsea/index.html>; 608-266-1649.

Wisconsin Department of Workforce Development, Vocational Rehabilitation. <www.dwd.state.wi.us/dvr>; 608-243-5603; 2917 International Lane, Suite 300, P.O. Box 7852, Madison, WI 53707-7852. This is a federal and state program designed to obtain, maintain, and improve employment for people with disabilities.

Wisconsin Independent Living Council. <www.wisilc.org>; 888-947-7452 or 608-261-8397; 608-261-8396 (TTY); P.O. Box 7851, Room 455, Madison WI 53707-7851. Promotes independent living, consumer control, peer support, self-help, self-determination, and equal access for full inclusion of individuals with disabilities.

National Organizations for Parents of Children with Disabilities

Council for Exceptional Children (CEC). <www.cec.sped.org>; 888-232-7733 or 703-620-3660; 1920 Association Drive, Reston, VA 22091-1589. Strives to improve educational outcomes for people with exceptional needs.

MUMS—National Parent to Parent Network. <www.netnet.net/mums/>; 920-336-5333; Julie Gordon, 150 Custer Court, Green Bay, WI 54301-1243. A parent-to-parent support network for parents of a child with a specific disability or problem.

National Center of Youth with Disabilities. <www.peds.umn.edu>; 800-333-6293 or 612-626-2825; 612-624-3939 (TTY); University of Minnesota, Box 721, 420 Delaware Street SE, Minneapolis, MN 55455-0392. The focus of this center is on adolescents with chronic illnesses and disabilities.

National Information Center for Children and Youth with Disabilities (NICHCY). <www.nichcy.org>; 800-695-0285; P.O. Box 1492, Washington, DC 20013-1492. This is a clearinghouse on disabilities and related issues involving children birth to age 22.

Parent Advocacy Coalition for Educational Rights Center (PACER). <www.pacer.org>; 800-537-2237 or 952-838-9000; 952-838-0190 (TTY); 8161 Normandale Boulevard, Minneapolis, MN 55437-1044. Helps parents and families of children with disabilities.

Sibling Support Project. <www.chmc.org/departmt/sibsupp>; 206-368-4911; Children's Hospital and Medical Center, P.O. Box 5371, CL-09, Seattle, WA 98105. Dedicated to the interests of brothers and sisters of people with special health or developmental needs, based at Children's Hospital and Regional Medical Center in Seattle, Washington.

Wisconsin Organizations for Parents of Children with Disabilities

Waisman Center, University of Wisconsin–Madison. <www.waisman.wisc.edu>; 608-263-5254; 1500 Highland Avenue, Madison, WI 53705-2280. The institution is both a research and a service center for families, school districts, and other agencies dealing with children who have special needs. Its Web site has extensive links to other agencies and has an exceptional listing of adaptive technologies.

Early Intervention Program. <www.waisman.wisc.edu/cedd/ecfr.html>; 608-263-5022.

Parent Projects. <www.waisman.wisc.edu/earlyint/>; 608-263-5022.

Wisconsin Department of Health and Family Services. <www.dhfs.state.wi.us>; 608-266-1865; 608-267-7371 (TTY); 1 W. Wilson Street, Madison, WI 53702.

Division of Supportive Living, Programs for Infants and Toddlers with Disabilities. <www.dhfs.state.wi.us/about DHFS/DSL/dslservs.htm>; 608-267-3270, P.O. Box 7851, Madison, WI 53707-7851.

Programs for Children with Special Health Care Needs (CHSCN). <www.dhfs.state.wi.us/DPH_BFCH/cshcn/>; 800-441-4576 or 608-267-3561 or 608-267-2945; CSHCN Program, 1414 E. Washington Avenue, Room 294B, Madison, WI 53703.

Wisconsin Department of Public Instruction, Division for Learning Support: Equity and Advocacy DPI. <www.dpi.state.wi.us/dpi/dlsea/een>; 800-441-4563 or 608-266-1649; 125 S. Webster Street, P.O. Box 7841, Madison, WI 53707-7841.

Wisconsin First Step. <www.mch-hotlines.org/firststep.html>; 800-642-7837; c/o Gundersen Lutheran, 1910 South Avenue, La Crosse, WI 54601-5400. Serves as the information and referral hotline for the Children with Special Health Care Needs (CSHCN) regional centers. It works to ensure that families are connected to the services they are seeking.

Northeastern CSHCN Regional Center. c/o St. Vincent Hospital; 835 S. Van Buren Street, Green Bay, WI 54307-3508.

Northern Regional CSHCN Regional Center. c/o Family Resource Connection, P.O. Box 301, 203 Schick Plaza Drive, Rhinelander, WI 54501.

Southeastern CSHCN Regional Center. c/o Children's Hospital of Wisconsin, P.O. Box 1997, MS 6220, Milwaukee, WI 53201.

Southern CSHCN Regional Center. c/o Waisman Center, 1500 Highland Avenue, Madison, WI 53705-2280.

Western CSHCN Regional Center. c/o Chippewa County Department of Public Health, 711 N. Bridge Street, Room 222, Chippewa Falls, WI 54729.

All Web sites listed in this section were accessed in November 2002.

Getting Started with Little Money and Time: Mobility

The following are some ideas for public libraries to use when designing services for people with mobility problems.

Breaking Down Barriers

- Evaluate the criteria the library uses for home delivery and consider inclusion of family members or caregivers who cannot easily leave the person who has a disability, as well as of people with emotional disabilities.

Planning and Collaboration

- Review or create an ADA assessment and plan of a building, and discuss any problems with the library board and municipal board to keep everyone aware of the need for an accessible library.
- Contact local service agencies and request help with the purchase of an electronic scooter or wheeled walker with a seat and basket. Possible agencies include the Lions, Rotary, and Optimists clubs, the Knights of Columbus, and hospital auxiliaries.

Collections and Services

- Weed the collection so that only current, accurate information is available on mobility disabilities.

Accessible Buildings and Services

- Make sure the library has at least one accessible computer workstation. At a minimum, it should include an accessible table or cart, a 19-inch or larger monitor, a trackball as an alternative to a mouse, an extra-long keyboard cord, and software that reads or enlarges the text or both.
- Contact the local senior center, drug store or medical supply store, nursing home or hospital, Veterans of Foreign Wars (VFW), and disabled veterans group to request the donation of a used wheelchair.
- If the library has a wheelchair, scooter, or wheeled walker, evaluate how visible and accessible it is. Review possible alternatives that would allow the mobility aids to be located at the main entrance. Visibility is better than a sign. The more accessible they are, the more they will be used. Allow mobility aids to be used to help people get to and from their cars.
- If the service desk is too high, investigate alternatives such as moving a table of the correct height next to the service desk to make serving children and people with disabilities easier.
- If the building is not accessible, make the simple changes that are possible. Install new lever-type door hardware or cover round doorknobs with an inexpensive converter that snaps on over the round knob. Lower paper towel and soap dispensers. Put a paper cup dispenser at the drinking fountain. Do what is possible, and continue to advocate for a fully accessible building.
- If the entrance is not accessible, install a doorbell so people who need help can signal and don't have to pound on the door or wait until someone notices them.
- One of the best-kept library secrets in Wisconsin seems to be home-delivery services. If your library offers such service, develop a service brochure, or include it in a special-needs brochure and use the brochure to help advertise the service. Put a note in newsletters at senior citizen centers and housing for people with disabilities who live independently. Ask the local hospice service staff or religious leaders or parish nurses to take the library's home-delivery service brochure to their clients or members, who may be caring for someone who is dying and unable to leave the home for other than urgent reasons, or who cannot leave without assistance.
- If the library does not offer home-delivery services, discuss the possibility of offering this service with the library friends group, or with the help of a local high school service group, or perhaps with a local religious organization.

MARKETING

- Include images of people with disabilities in displays.
- Plan to put up displays to celebrate National Arthritis Month (www.arthritis.org) in May, National Rehabilitation Week (www.nraf-rehabnet.org) in September, National Brain Injury Awareness Month (www.biausa.org) and National Spina Bifida Awareness Month (www.sbaa.org) in October, National Epilepsy Month (www.epilepsyfoundation.org) and National Hospice Month (www.nhpco.org) in November, and International Day of the Disabled (www.vsamass.org) in December.

All Web pages listed here were accessed in November 2002.

Speech and Hearing

7

More people have a hearing loss than any other disability. Hearing loss ranks with arthritis, high blood pressure, and heart disease as one of the four most common health conditions in the United States. The National Self Help for Hard of Hearing People (SHHH) posts statistics on deafness on its Web site (www.shhh.org). Its data shows that 28 million of the approximately 52 million people in the United States who have a disability have a hearing loss. This is approximately 1 of every 10 people in the general U.S. population. At age 65, the numbers become one of every three people, and 90 percent of people over 85 have a hearing loss. Of the 28 million who have a hearing loss, 26 million are hard of hearing; the other 2 million are deaf.

A Gallaudet University publication titled *Demographic Aspects of Hearing Impairment: Questions and Answers* (Holt, Hotto, and Cole 1994) indicates that 49 percent of people who are deaf have some hearing in at least one ear, 23 percent cannot hear or understand any speech, and 18 percent have no hearing. More males than females at all ages have hearing impairments, but the percentage of males increases significantly after age 18. European Americans are twice as likely as African Americans or Hispanics to have a hearing loss. Three out of every four persons who had hearing but lost it experienced the loss after age 18. About 5 percent lost their hearing before the age of three.

The National Center for Health Statistics includes a summary of data on national disabilities as part of its *FastStats A to Z* Web site (www.cdc.gov/nchs/fastats/disable.htm). The summary estimates that 34 million people have a hearing loss in the United States, and approximately 4.5 million of them use assistive technology devices. The most frequently used devices are hearing aids, amplified telephones, and closed-caption television. Sixty-nine percent of the people using assistive devices for hearing are over the age of 65. Many of these devices, such as a text telephone (TTY), are also used by many of the estimated 2.7 million people in the country who have a speech impairment.

The Wisconsin Bureau for the Deaf and Hard of Hearing (BDHH) uses the 8.6 percent estimate (500,000) of the National Center for Health Statistics of the U.S. Department of Health and Human Services to estimate the number of people in Wisconsin who are deaf and hard of hearing. The Wisconsin Department of Health and Family Services also maintains data on disabilities in Wisconsin. Their data indicates slightly higher figures for 1997. When interviewed, they estimated that in 1997 there were 519,229 people who were hard of hearing in Wisconsin and 51,403 who were deaf.

Deafness and the Deaf Community

The "deaf community" is generally considered to include people who are deaf, who are hard of hearing, and who use sign language, as well as their families, friends, and the professionals who work with them. Some people in this community use sign language, but others may communicate in writing. Some may read lips and use speech. The community includes people who are born deaf, people who lost their hearing as children, and adults who become hard of hearing later in life. It also includes people who are blind and deaf.

There is ongoing disagreement within the deaf community, primarily by those who use sign language, over the issue of deafness being perceived as a disability. Many people who are deaf perceive themselves as belonging to a minority group with its own culture and a language other than English. They do not think of

BEST COPY AVAILABLE

deafness as a disability, a problem, or a condition that requires a medical solution. For them, deafness is a normal and natural condition. They are proud to belong to the deaf community, which meets most of their social needs. They feel they can do everything they want to do, without restrictions caused by disabilities such as mobility limitations or blindness. They object strongly to any suggestion that they need a medical intervention or use of an assistive listening device to be "normal." They feel their primary difference from the majority culture is the language they share.

Others view deafness as a disability in much the same way as blindness. Some people who are deaf or have a hearing loss do everything they can to distance themselves from the "deaf community." They may perceive the term *deaf community* as referring only to people who use sign language. Many people who do not want to be included in the deaf community are adults who lost their hearing later in life, or parents who can hear but have children who are deaf. They may consider people who use sign language as having a severe disability or to be extremely different than themselves.

Adults who lose their hearing later in life, and parents who hear and have children who are deaf, tend to perceive deafness as a disability and a condition that if possible should be corrected medically. Parents may choose the hearing culture and community over the deaf culture for their children. The issue of cochlear implants for children is extremely controversial. Parents may feel that implants give their children a chance to hear normally, whereas some members of the deaf community may perceive implants as a mutilation of children who are already normal. Collections on deafness need to be balanced in regard to these differing perspectives.

Causes of Deafness

There are several common causes of hearing loss. The Laurent Clerc National Deaf Education Center at Gallaudet University provides information on hearing loss on its Web site (clerccenter.gallaudet.edu). The following are among the known causes of hearing loss:

- Meningitis, the leading cause of hearing loss after birth, for 8.1 percent of all hearing loss cases
- Heredity, the leading known cause of deafness at birth and the cause of deafness for about 13 percent of the U.S. population of students who are deaf
- Complications during pregnancy and delivery such as Rh incompatibility, prematurity, and birth trauma

The most significant advance in preventing hearing loss after birth has been made in regard to reducing the incidence of maternal rubella, an effort started in 1982.

Hearing loss is typically classified as conductive or sensorineural. Conductive loss is caused by a problem in the outer or middle ear that prevents sound from reaching the nerves in the inner ear. Conductive hearing loss can often be reduced or eliminated with medical treatment. The hearing loss may be temporary, such as an infection that causes fluid to build up in the ear. If the loss is of short duration, there is usually no effect on language acquisition. But if it is chronic or repeated, it can affect speech and language development, which in turn may affect educational performance. If the problem cannot be resolved medically and it is long-term, hearing aids are often recommended. The issue is often how loud a sound has to be before it can be heard.

Common causes of conductive hearing loss include

- deformity in the outer- or middle-ear structure,
- ruptured eardrum,
- wax buildup in the outer ear, and
- fluid buildup in the middle ear.

Sensorineural loss is caused by damage to the nerves in the inner ear. It involves both distortions of sound and loudness. Typically, it is permanent and cannot be medically repaired. However, hearing aids can benefit many people who have this type of hearing loss. The eventual use of spoken language for people who have a hearing loss depends on how quickly the loss is diagnosed and addressed. If the loss occurs before a

child acquires spoken language, it is unlikely that language skills will develop normally. If the loss occurs after the child has learned to speak, the child's primary means of communication may remain speech. Many children and adults who are deaf have some residual hearing. The causes before or at birth can involve

- prenatal infections such as rubella, herpes, or syphilis,
- heredity,
- lack of oxygen at birth,
- low birth weight, or
- defects of the head or neck.

Later onset of sensorineural loss can be caused by such things as

- bacterial meningitis,
- exposure to intense or excessive noise,
- physical damage to the head or ear, or
- drugs.

Number of People in United States Using Assistive Devices for Hearing Loss

Type of Assistive Device	All Ages	0–44 Years	45–65 Years	65+ Years
Any hearing device	4,484,000	439,000	969,000	3,076,000
Hearing aid	4,156,000	370,000	849,000	2,938,000
Amplified telephone	675,000	73,000	175,000	427,000
TTY	104,000	58,000	25,000	21,000
Closed-caption television	141,000	66,000	32,000	43,000
Listening device	106,000	26,000	22,000	58,000
Signaling device	95,000	37,000	23,000	35,000
Interpreter	57,000	27,000	21,000	9,000
Other hearing technology	93,000	28,000	24,000	41,000

Source: National Center for Health Statistics (1994).

Hearing Loss and Literacy

Hearing loss and deafness have serious impacts on literacy, especially if the loss occurs before or as language is developing. When the primary means of communication is sign language, English, with its different grammar structure, must be learned as a second language. There is no data nationally on the reading levels for adults who are deaf or have severe hearing loss. But according to Gallaudet University, the current national mean reading score for 17- and 18-year-old students who are deaf is about the fourth-grade level. Other sources indicate the average is closer to a sixth- or seventh-grade reading level. Either figure shows a significant illiteracy rate within the deaf community.

Although many adults who are deaf can use written English with ease and are very competent, it can be assumed that literacy rates for adults who never attended school, did not have appropriate instruction while in school, or who dropped out will have low literacy skills. Librarians need to understand that written communication may be abbreviated both because of the low literacy levels of many people who are deaf and because of their use of English as a second language.

Results of the Survey of Library Services to Adults with Special Needs

Special Needs Survey Questions on Deafness and Hearing Loss

Question	Number of Libraries Responding Yes	Percentage
• Library has added materials in past three years in the area of hearing loss, deafness, or sign language.	174	59%
• Library has closed-captioned videos.	107	37%
• Library staff attended training in the past three years on services for people with a hearing loss or who are deaf.	41	14%
• Library has a brochure that describes special services for people with limited or no hearing.	41	14%
• Library has a TTY (text telephone).	38	13%
• Lights are flashed as routine and emergency announcements are made in the library.	33	11%
• Library Web page has links to information about hearing loss and deafness.	28	10%
• Assistive listening devices are available at board and public meetings and all programs.	26	9%
• Assistive listening devices are available at the service desk.	26	9%
• Library has signed videos.	20	7%
• In the past three years, the library has had a planning process that included people with a hearing loss or who are deaf, or their family members or agency advocates.	18	6%
• A microphone is routinely used at library board meetings and all public programs.	12	4%
• Library has at least one periodical or newsletter intended for people with hearing disabilities.	12	4%

Note: In 2002, 293 of Wisconsin's 380 public libraries completed the survey, a 77 percent response rate. See chapter 12 for the complete survey and a summary of the results.

Barriers to Service

Alex Slappy, superintendent of the Wisconsin School for the Deaf, explained in an interview that language is the barrier that most often prevents people who are deaf from receiving public library services. Because English is often a second language, people who are deaf may not use newspapers as their primary source of information. As a result, they may miss announcements about library programs or services in the newspaper. They may not read posters, which are often one of a library's primary marketing tools. He also pointed out that people who are late deafened tend to shy away from contact with librarians because they cannot speak well or do not want people to know they have a hearing problem. They do not want to be associated with the deaf community or use any of the techniques or assistance offered to people who are deaf.

The Wisconsin BDHH staff identified several barriers that are common in public settings, including public libraries. They described many libraries as not being "deaf friendly." No one on staff is likely to use sign language. The staff may not understand or be sensitive to people who are deaf, have a hearing loss, or have a

speech disability. Communication can be difficult. If staff are not trained to accept and use other than verbal means of communication, people who are deaf may get frustrated, leave, and refuse to return to a public library. There are basic tools such as a TTY, handheld sound amplification devices, and sound amplification devices for meetings and programs that may not be in most public libraries but that are generally needed and routinely used by people who are deaf or hard of hearing or who have speech disorders. Library staff may not know how to arrange for a sign-language interpreter or may not routinely indicate that the service can be arranged. Another barrier can be the lack of captioning services at public meetings and programs.

Planning and Collaboration

In 1996 the Library Service to the Deaf Forum, a unit of the Association of Specialized and Cooperative Library Agencies Division (ASCLA) of the American Library Association (ALA), published the *Guidelines for Library and Information Services for the American Deaf Community* (a revision is being planned). These guidelines may be useful in planning services for people who are deaf. Librarians can go to one of many organizations for assistance in identifying local people to help with a planning process. Staff at all of these organizations can make recommendations and help the library recruit people to assist them. Potential contacts include the following:

- BDHH regional coordinators
- Independent living centers
- Teachers for students who are deaf or hard of hearing in local schools
- Staff who work for an interpreting agency or business
- Wisconsin Educational Services Program for the Deaf and Hard of Hearing, located at the Wisconsin School for the Deaf in Delavan
- Wisconsin Association for the Deaf
- Wisconsin SHHH organization
- Family members of people who are deaf

Any planning process intended to address the needs of people who are deaf or hard of hearing should anticipate the need for the services of a sign-language interpreter, assistive listening aids, and perhaps real-time transcribing to help these volunteers participate fully in the process.

The planning process should be sensitive both to people who consider themselves part of the deaf community and to those who have a hearing loss but do not consider themselves part of that culture. People in the latter group may be uncomfortable being asked to participate in a group that includes people who use sign language because they do not want to have their needs considered in the context of people who are deaf. The needs of both groups are different.

Staff Training

Libraries cannot claim to have credibility with the deaf community without owning and using a TTY. *TTY* originally referred to a Teletype Writer. When portable TTY machines were developed, the acronym TDD, which stands for telecommunication device for the deaf, was adopted. This term is no longer used. Because people who are not deaf often use these devices for various reasons, standard usage reverted to TTY, although the initials no longer stand for any particular words. It is simply the preferred name for any telephone that uses text.

Training to use this telephone device can be helpful to all staff who work with the public, letting them recognize the TTY signal and accept voice requests for its use. Even if a library owns a TTY, library staff need to be familiar with the Wisconsin Telecommunications Relay for the Deaf system as well, because some

people use this system to make and receive calls. The system allows a TTY user to be called by anyone using a voice telephone. Check the introductory pages of the local phone directory for more information. The number for the relay system in Wisconsin is 1-800-947-6644, or simply 711, which was recently established as the universal number to call anywhere in the United States to be connected to the local relay system.

One interviewee suggested that if the library finds that staff skills with a TTY or the relay service are not used often enough to keep staff in practice, staff should practice by making calls to other libraries that have a TTY. They can also use the relay system to place calls to other libraries. This keeps staff in both libraries in practice. One problem related to the use of a TTY is the need to check for messages if an answering system is part of the TTY. If other patrons can leave messages, then people who use a TTY should also be able to leave a message and get a response in a timely fashion. Some TTYs have message-recording capabilities.

The ability to function in the hearing world depends heavily on the ability to speak and use English. Many people who use sign language encounter communication barriers in a public library. In general, librarians can do some basic things when they need to communicate with a patron who is deaf or has a hearing loss. Smile and indicate a willingness to be helpful. It is useful to know a few words or phrases in sign language—"Hello," "Can I help you?" "Thank you." Ask them how they prefer to communicate. People who use sign language are experienced in meeting and interacting with people who do not use their language. Let the patrons choose their preferred method of communication. Often, it is in writing, so librarians can offer paper and pencil. The writing style may seem abbreviated, much as it might for anyone who uses English as a second language.

It is also helpful if staff understand that adults who have been deaf for a long time or all their lives are typically more comfortable communicating in writing than are seniors who have recently lost their hearing. Adults with a recent loss may be highly self-conscious and want to hide their disability. They would not want to communicate with paper and pencil. They may avoid asking questions or asking for assistance or may avoid even having a conversation with anyone in a library setting.

It helps if librarians face the person and not turn their heads when talking. They can shorten the distance between the speaker and listener and keep hands away from the face. Moving away from background noises to a quieter area often makes communication easier for people who have some hearing. It is also beneficial if staff stay in an area that is well lit so that the other person can clearly see facial expressions and lips. Rephrasing for clarification is often a useful technique. Staff can be encouraged to be patient, to try to use a little more animated expression than usual, and to slow their speech slightly if they normally talk fast. There is of course no reason to raise the volume of the voice when talking to someone who has no hearing. A list of additional tips to use when communicating with someone who is deaf or has a hearing loss is included in the section "Tips for Communicating with Deaf or Hard-of-Hearing People" later in this chapter.

Staff training can include basic operation of a microphone or sound system for programs or meetings, as well as any assistive listening devices the library may own. Policies and procedures for requesting and arranging a sign-language interpreter are important elements to cover in staff training sessions.

There are several sources of free training available to librarians:

- Ultratec, a Wisconsin company and a major manufacturer of TTYs, will train staff in the use of a TTY and assist in the selection of an appropriate device.
- TRS, the Telecommunication Relay Services, operated by Hamilton Communication Wisconsin, manages the Wisconsin Rely System for the Deaf and offers free training in using the system.
- TDI is Telecommunication for the Deaf, Inc., Silver Spring, Maryland, and provides various types of training related to serving people who are deaf or hard of hearing.
- The Bureau for the Deaf and Hard of Hearing and its regional offices offer free training for any organization on various issues related to deafness and how best to interact with and serve patrons who are deaf or hard of hearing.

Contact information for those agencies is included in the References section for this chapter.

Collections and Services

Those interviewed for this book universally stressed that the library should own a TTY, that staff need to know how to use it, and that it must be made available for patrons in the library to make outgoing calls. Another suggestion was to have available for patrons very simple written instructions for routine procedures. It is easier for some people to read instructions than to follow voiced instructions. Examples include signing up to use a computer or to reserve a meeting room. Very basic sentence structure and simplified language is appropriate. These instructions can also be useful to others who use English as their second language or who cannot read well.

Public libraries can provide many materials that are of special interest to people who are deaf. An up-to-date collection in both print and media on deafness and the deaf culture is important. Materials written with simple vocabulary, but of interest to adults, are typically used by adult new readers or middle and high school students with learning disabilities, but they can also be helpful for some adults who are deaf. Closed-captioned videos, videos that are signed as well as voiced, videos that teach sign language, and videos intended to help parents who can hear teach their children who are deaf to read are all excellent choices for inclusion in the library's collection. Specialized videos should be labeled to identify their special feature and to make them easy to find.

Many people who are deaf do not have computers at home, do not know how to use them, and may be unaware the library has them. Computer classes for people who are deaf are a needed service. Library collections can include catalogs for Harris Communication and Gallaudet University. Librarians can create Web page links to many of the state and national organizations that serve people who are deaf or hard of hearing.

Public libraries can also provide a much-needed service by telling families about resources for people who are deaf and hard of hearing. The two most frequent opportunities to provide information are when parents first learn their child is deaf and when adult children are seeking assistance for their parents who have lost their hearing. The agency staff interviewed noted that there is a significant need for general referrals because doctors who perceive that there is nothing medically they can do often do not know about the support services and therefore do not make referrals for their patients.

Accessible Buildings and Services

A TTY is most useful when it is placed at a public service desk rather than in a staff work area or office. Signage makes people aware of its availability. If it is not convenient to allow patrons to use the TTY at the service desk, it can be made available to be taken to a pay phone, or the pay phone can have a TTY feature. Pay phones should also have a sound amplification feature. A second way that some people may want to communicate with public libraries is via e-mail, so it is helpful if the library's e-mail address is readily available.

Programs should be held in acoustically friendly rooms. Use of a microphone at all public meetings and programs can be made routine. Most people who have a hearing loss need only to have the volume increased. A microphone often helps everyone in the audience, not just those with hearing losses. It is an example of an accommodation that has a much wider impact than for one targeted group. Microphones are not typically perceived as adaptive technology for people with disabilities, but they are an example of a very basic accommodation.

Librarians may want to consider the purchase and use of a closed sound system or loop system. A loop system is usually a part of a permanent room design, whereas some closed systems are portable. Both involve the use of a device to amplify sound only for people who wear the receiving device. Typically, the system is designed to work with or without a personal hearing aid.

Several people interviewed stressed how important it is for a public library to model the use of adaptive equipment and to make it a natural part of every program. This helps raise community awareness of the

technologies that are available and helps promote community acceptance of them. In this way, the library becomes an advocate for people who have a hearing loss. Libraries that have sound loop systems may want to post a sign in the room indicating the equipment is available and leave the equipment in the room at all times. People passing by the equipment as they enter the room for a program or meeting are much more inclined to ask to use it than they might be if they have to make a special request.

Library policy and procedures often explain how to request accommodations such as a sign-language interpreter. Training to help all staff understand how to respond to such a request and how to arrange for an interpreter is needed. Real-time captioning (RTC), or communication access real-time translation (CART), is becoming a popular way to keep people who are deaf actively aware and involved in public meetings and programs. This technology involves the use of a computer, a stenotype machine, and real-time captioning software. The process provides real-time text of what is being said in a meeting or program. The person who does the typing should be a certified stenocaptioner.

To use these technologies, a personal transcriber sits with the person who is deaf and types the conversation onto a laptop computer. Alternatively, the discussion is projected onto a screen for the whole audience. This technology is used routinely at large conventions when everyone in the room has a hard time hearing what is being said, even though there may not be anyone in the audience who has a hearing loss.

Marketing

It is extremely important to advertise and promote library accommodations rather than wait for a request. Stationery, flyers, reports, and other publications that list the library's phone number can also list the TTY number. The regular number is often followed by the word "voice" in parenthesis, and "(TTY)" follows the second number. If the same number is used for both, the notation is often "(voice/TTY)."

Interviewees advised that the best way to reach people who are deaf is by mail or in writing. The Wisconsin Association of the Deaf offered to post library information on its Web page. Interviewees also advised getting publicity out at least three weeks in advance to give the people time to request an interpreter and to give the library time to make the arrangements.

Another suggestion for marketing library services to the deaf community was to have a booth at the state conferences, conventions, and forums for deaf and hard-of-hearing people that are held around the state. The regional offices for the BDHH can help identify local networks. The BDHH has an electronic newsletter and is willing to announce library services in that posting.

If the library is just starting to offer services to the deaf community, one way to generate interest could be to offer a series of presentations on various aspects of deafness and community services. Libraries can ensure that their promotions reach the targeted audience by asking the regional offices of the BDHH to help with advertising and with selecting topics that will be of interest to the deaf community.

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Wisconsin Self Help for Hard of Hearing People. 2002. *Hearing Loss Statistics*. <www.wi-shhh.org/hearing_loss_statistics.htm>.

Additional Resources

Periodicals

Deaf Life. <www.msmproductionsltd.com>. The nation's premier independent slick-format deaf monthly and the number-one magazine of the deaf community. It is the most widely read deaf-oriented publication in the United States. It is published by the National Association of the Deaf.

Deaf Watch Newsletter and *Silent49er News Wire*. <http://members.tripod.com/~deafwatch/deaf.htm>: This is a personal news service created and managed by Richard Roehm. It indexes news articles of interest to people who are deaf.

Hearing Loss: The Journal of Self Help for Hard of Hearing People. <www.shhh.org>. A bimonthly magazine about hearing loss. This is a publication of the national SHHH organization.

HIP Magazine. <www.hipmag.org>. A publication for children and teens ages 8–14 who are deaf or hard of hearing, and their parents, teachers, and caregivers.

Odyssey. <http://clerccenter.gallaudet.edu/Odyssey/>. A magazine for parents of deaf and hard-of-hearing children and their teachers. It is published by the Laurent Clerc National Deaf Education Center at Gallaudet University.

National Organizations

About Deafness/Hard of Hearing. <deafness.about.com/mbody.htm>. An Internet index to topics about deafness.

Alexander Graham Bell Association for the Deaf and Hard of Hearing. <www.agbell.org>; 202-337-5221 (TTY); 3417 Volta PL NW, Washington, DC 20007. A resource center on hearing loss and spoken language approaches and related issues with books, brochures, instructional materials, videos, CDs, and audiocassettes related to hearing loss. It has many resources available on-line.

Hearing Dogs. <www.agbell.org/sections/dhhs/resources/dogs.html>. Information on service dogs for people who are deaf.

American Sign Language Access. <www.ASLAccess.org>; 703-799-8733; 703-799-4896 (TTY); 4217 Adrienne Drive, Alexandria, VA 22309. A source for videos in which the narration is both voiced and signed.

The Association of Late Deafened Adults (ALDA). <www.alda.org>; 877-907-1738; 708-358-0135 (TTY); 1131 Lake Street, #204, Oak Park, IL 60301. Serves the needs of late-deafened people through education, advocacy, and role models.

Captioned Media Program, National Association of the Deaf. <www.cfv.org/about.asp>; 864-585-1778; 864-585-2617 (TTY); 1447 E. Main Street, Spartanburg, SC 29307. Offers free captioned videos by mail, including to public libraries.

Deaf Mall. <www.deafmall.net>. An electronic mall that offers gifts and information on events, travel, interpreters, and technology, as well as chat rooms for people who are deaf.

DeafZone. <www.deafzone.com>. Web site that has numerous links to resources for people who are deaf.

Gallaudet University. <www.gallaudet.edu>; 202-651-5000 (voice/TTY); 800 Florida Avenue NE, Washington, DC 20002. The only liberal arts university in the world designed exclusively for deaf and hard-of-hearing students.

Laurent Clerc National Deaf Education Center. <http://clerccenter.gallaudet.edu>; 202-651-5051; 800 Florida Avenue NE, Washington, DC 20002. This center, which is part of Gallaudet University, strives to improve the quality of education for deaf and hard-of-hearing children and youth from birth through age 21.

National Association of the Deaf (NAD). <www.nad.org>; 301-587-1788; 301-587-1789 (TTY); 814 Thayer Avenue, Silver Spring, MD 20910-4500. Programs include advocacy, captioned media, certification of American Sign Language profes-

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sionals, information, legal assistance, policy development and research, public awareness, and youth leadership development.

Self Help for Hard of Hearing People (SHHH). <www.shhh.org>; 301-657-2248; 301-657-2249 (TTY); 7910 Woodmont Avenue, Suite 1200, Bethesda, MD 20814. A consumer educational organization devoted to the welfare and interests of those who cannot hear well, their relatives, and friends.

Wisconsin Organizations

Center for the Deaf and Hard of Hearing. <www.coperesources.net/iris/fx0ilyjj.htm>; 414-790-1040; 3505 N. 124 Street, Brookfield, WI 53005. Provides rehabilitation services, speech and language therapy, audiology services, independent living services, and a parent-child program for people who are deaf or hard of hearing in the Milwaukee area.

Wisconsin Association of the Deaf (WAD). <www.wi-deaf.org>. Contact is the current president, Linda Russell, 262-724-4244; WAD president, P.O. Box 397, Darien, WI 53114. Ensures that a comprehensive and coordinated system of resources is accessible to Wisconsin people who are deaf and hard of hearing.

Wisconsin Council of the Deaf. <www.dhhcouncil.state.wi.us>. An advisory to the Bureau for the Deaf and Hard of Hearing. The Web site lists the current council members, their contact information, the agenda, and minutes of their meetings.

Wisconsin Deaf Sports Club (WDSC). <www.wi-deafsports.org>. Contact is through the Web site. Sponsors outings and social events for people who are deaf and who enjoy sports. It coordinates teams and has affiliate clubs throughout the state.

Wisconsin Department of Health and Family Services, Bureau for the Deaf and Hard of Hearing (BDHH). <www.dhfs.state.wi.us/sensory/>; 608-266-3118; 1 W. Wilson Street, P.O. Box 7851, Madison, WI 53707-7851. Provides information and referral services, support to individuals, and service providers and training. BDHH manages a telecommunications assistance program, manages certification in communication and sign language areas, and publishes a newsletter. It also maintains a contact list of sign-language interpreters.

Interpreters' Directory. <www.dhfs.state.wi.us/sensory/WITA/InterpreterDirectory.htm>.

Regional offices of the BDHH:

Northeastern Region. 800-228-2637 (voice/TTY) or 920-448-5295 (voice/TTY); 200 N. Jefferson, Suite 311, Green Bay, WI 54301-5191. Counties covered include Brown, Calumet, Door, Fond du Lac, Green Lake, Kewaunee, Manitowoc, Marquette, Marinette, Menomonie, Oconto, Outagamie, Shawano, Sheboygan, Waupaca, Waushara, and Winnebago.

Northern Region. 715-842-1211 (TTY); 2801 N. Seventh Street, Wausau, WI 54401-3281. Counties covered include Ashland, Bayfield, Florence, Forest, Iron, Langlade, Lincoln, Marathon, Oneida, Portage, Price, Sawyer, Taylor, Vilas, and Wood.

Southeastern 1 Region. 800-321-2137 (voice/TTY); 262-548-5858 (TTY); 141 NW Barstow Street, Room 157, Waukesha, WI 53187. Counties covered include Jefferson, Kenosha, Ozaukee, Racine, Walworth, Washington, and Waukesha.

Southeastern 2, Milwaukee Region. 414-302-2767 (TTY); 912 Hawley Road, Milwaukee, WI 53213. County covered is Milwaukee.

Southern Region. 608-243-5733; 608-243-5732 (TTY); 2917 International Lane, Suite 230, Madison, WI 53704-3135. Counties covered include Adams, Columbia, Crawford, Dane, Dodge, Grant, Green, Iowa, Juneau, La Fayette, Richland, Rock, and Sauk.

Western Region. 715-836-2107; 715-836-3085 (TTY); 610 Gibson Street, Suite 1, Eau Claire, WI 54701. Counties covered include Barron, Buffalo, Burnett, Clark, Chippewa, Douglas, Dunn, Eau Claire, Jackson, La Crosse, Monroe, Pierce, Pepin, Polk, Rusk, St. Croix, Trempealeau, Vernon, and Washburn.

Wisconsin Department of Workforce Development. <www.dwd.state.wi.us>; 608-266-3131; 608-267-0477 (TTY); 201 E. Washington Avenue, P.O. Box 7946, Madison, WI 53707-7946.

Division of Vocational Rehabilitation. <www.dwd.state.wi.us/dvr/>; 608-243-5633; 608-243-5681 (TTY); 2917 International Lane, Madison, WI 53707; Obtains, maintains, and improves employment for people with all types of disabilities through assessment, career searches, job placement assistance, and job coaches.

Wisconsin Hispanic Association of the Deaf (WHAD), El Asociación de los Sordos Hispanos en Wisconsin. <www.geocities.com/Heartland/Ranch/6142/whad.html>; 414-647-1642 (voice/TTY); 1539 S. Pearl Street, Milwaukee, WI 53204. Serves Hispanic people who are deaf and live in Wisconsin.

Wisconsin Registry of Interpreters for the Deaf. <www.wisrid.org>. Contact is through the current chair, Laurie Sanheim, 414-727-2066; 1431 S. Seventy-sixth Street, Apt. 4, West Allis, WI 53214. Furthers the profession of interpretation of American Sign Language. The organization maintains a listing of members and credentials.

Wisconsin Department of Public Instruction. <www.dpi.state.wi.us>; 800-441-4563; 125 S. Webster Street, P.O. Box 7841, Madison, WI 53707-7841.

Blind and Deaf–Blind Education. <www.dpi.state.wi.us/dpi/dlsea/een/vision.html>; 608-266-3522. Provides supervisory and consultation services to local educational agencies and private schools serving approximately 1,400 children with visual and dual sensory impairments.

Deaf and Hearing Impairments. <www.dpi.state.wi.us/dpi/dlsea/een/hi_deaf.html>; 608-266-7097. Provides supervisory and consultations services to local educational agencies and private schools serving children with hearing loss.

Wisconsin School for the Deaf. <www.wsd.k12.wi.us>; 877-973-3323; 877-973-3324 (TTY); 309 W. Walworth Avenue, Delavan, WI 53115. A state-managed residential school for children who are deaf and hard of hearing.

Wisconsin Educational Services Program for the Deaf and Hard of Hearing (WESPDHH). 877-973-3323; 877-973-3324 (TTY); 309 W. Walworth Avenue, Delavan, WI 53115. A new outreach program offered by the Wisconsin School for the Deaf to help extend its services to the whole state. The center will help school districts develop curriculum and instructional materials, provide additional access to educational technology and materials, teach American Sign Language, and provide training and in-service to teachers.

Wisconsin State Association of SHHH (WI-SHHH). <www.wi-shhh.org>; 920-648-3137 (TTY). Contact is primarily through the Web site or the national SHHH organization. Creates awareness of hearing loss within Wisconsin through awareness, education, and self-help.

All Web sites listed in this section were accessed in November 2002.

Tips for Communicating with Deaf or Hard-of-Hearing People

- Be sure the person knows you are talking to him or her (touch his or her arm, say his or her name). Face the person directly and stand close enough for him or her to see, and to hear. If the person wears a hearing aid, do not try to talk into the person's ear piece or lean so close that he or she cannot see your face. Even a slight turn of the head can obscure the person's vision. Other distracting factors can include beards and mustaches.

- Ordinarily, speak in a normal tone and volume (but if a little volume or projection will help, then adjust accordingly).

- Use normal enunciation; do not shout. Speak a little more slowly if you are a fast talker.

- Be sure the light is adequate and falls on your face, not on the other person's face.

- If the person does not understand you the first time, try to rephrase your statements (for example, "What is your address?" could become "Where do you live?"). Not all people who have a hearing loss can read lips, and even the best speech readers miss words.

- Realize that the person may have special difficulty in groups or noisy places. Make an effort to include the person. If necessary, move to quieter surroundings. Perhaps in certain situations, you may wish to take notes for the person.

- Do not talk with cigarettes, pipes, food, and so on in your mouth or cover your mouth with hands or other objects when talking.

- Beware of talking while laughing. A laugh can disrupt speech reading altogether.

- Be patient with the person.

- Do not make the person feel "stupid" or "helpless" (sometimes this is done unconsciously by the tone of voice or expressions).

- Try to show facial expressions and body expressions when speaking. It is not necessary to be a pantomime expert to do this.

These tips are based on those from the Wisconsin Department of Health and Family Services, Bureau for the Deaf and Hard of Hearing.

Getting Started with Little Money and Time: Speech and Hearing

The following are some ideas for public libraries to use when designing services for people with speech and hearing problems.

Breaking Down Barriers

- Greet and smile at everyone who comes into the library. If staff are aware of a patron who is deaf or has a hearing loss, wave a hello as it is voiced.
- Train staff to flash the lights every time they make an announcement. Make this a routine procedure every evening to announce that the library is closing, even if staff people walk through the building and tell people who may not hear the announcement. This is a universal alerting signal for people who are deaf and hard of hearing. Use it.

Staff Training

- Remind staff that if a person who uses sign language approaches them to ask for assistance, the first step is to ask verbally how they would like to communicate. They will likely indicate that they can read lips or that they will use paper and pencil. Let the patrons choose the method they prefer to use. They may signal their preference by pretending to hold a pen and paper and write.
- Arrange with the regional office of the BDHH for free staff training on how to interact with people who are deaf, how to use a TTY, and how to make and receive a call from the Wisconsin Telecommunication Relay for the Deaf. Review procedures for requesting and hiring a sign-language interpreter.
- Learn a few basic words in sign language. "Thank you" is an easy one. "Can I help you?" is an important phrase.

Collections and Services

- Weed the collection of out-of-date materials on deafness, and use review sources to identify current materials.

Accessible Buildings and Services

- A public library will not have credibility with the deaf community until it has a TTY. Local service groups that have a special interest in disabilities may be willing to purchase a TTY for the library. Lions Clubs and the Knights of Columbus have a special interest in people with disabilities, but another community group may be willing to take this on as a short-term project. Make a few phone calls, explain the need, and ask for a one-time-only donation of a TTY.
- If the library has a microphone or an assistive listening system, make setting up the equipment a routine part of preparing for a meeting or program. Use them or have them out, even if no one has requested them.

Marketing

- If the library has a TTY, look over all stationery, brochures, business cards, and other printed items and make sure the TTY number appears everywhere the regular library number is printed.
- Review printing procedures for every library program and meeting notice to ensure that accommodations are offered along with instructions on how to request them.
- Make plans to celebrate Better Hearing and Speech Month (www.asha.org) and National Stuttering Awareness Week (www.stuttersfa.org), both in May, and National Deaf Awareness Month (www.dhfs.

state.wi.us/news/presssreleases/DeafAware.htm) in September. Put up a display of materials on deafness and resources for parents of deaf children and adult children whose parents are losing their hearing. Host a family program that is signed, even if no one has requested signing. Hire a performer who can tell a story in sign as well as voice, or a singer who includes signs for the songs. Better yet, hire a performer who is deaf. Host a program that demonstrates the special tools people who are deaf use every day.

All Web pages listed here were accessed in November 2002.

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Vision

8

The U.S. Department of Health and Human Services, National Center for Health Statistics' 2002 *National Health Interview Survey* revealed that 1.3 million Americans are legally blind. According to the Wisconsin Division for Vocational Rehabilitation (www.dhfs.state.wi.us/blind/), the definition of legal blindness is that central vision acuity does not exceed 20/200 in the better eye with a correcting lens, or a visual field that subtends an angle no greater than 20 degrees. It is a frequent misconception that people who are legally blind have no vision. Of the 1.3 million Americans who are legally blind, 80 percent have some useful vision, 10 percent can only see light, and 10 percent see nothing.

According to another report, by the National Eye Institute (Shoemaker et al. 2002), 2.85 percent of the U.S. population has severe vision impairment, including blindness. The National Eye Institute estimates that Wisconsin's rate of severe vision impairment is above the national average, at 3.14 percent. This means that there are about 73,168 Wisconsin residents with severe vision impairments, including 22, 877 who are blind. However, the Bureau for the Blind, Wisconsin Department of Health and Family Services (2002), estimates that 128,000 people over the age of 55 in Wisconsin have a severe vision impairment.

The Web page for the American Foundation for the Blind (www.afb.org/info_document_viewasp?documentid=1367) estimates that approximately 80 percent of Americans who have significant visual impairments are European American, 18 percent are African American, and 2 percent are other races. Eight percent are Hispanic, but race is not identified. In 1992 African Americans made up only 12 percent of the general population but 18 percent of the blind population, in part a result of the higher rates of poverty for African Americans. They experience a disproportionate lack of access to quality health care, health insurance, preventive health measures, and the medication and procedures that would lessen the impact of their vision problems.

According to the National Eye Institute, approximately 45 percent of individuals with severe visual impairments have a high school diploma, compared with 80 percent of fully sighted individuals. In addition, 62 percent of the people who have severe vision disabilities and who are white completed high school, compared with 41 percent of those who are African American and 44 percent of those who are Hispanic. The percentage of people who are blind who go on to college is about the same as sighted individuals, but people with severe vision disabilities are less likely to graduate from college.

As people age, their risk of vision impairment increases; thus more seniors are affected than young people. More than 1 million Americans aged 40 and older are blind, and another 2.4 million have a significant visual impairment. These numbers are expected to double over the next 30 years as the population ages. In 2002 Lighthouse International, Inc. initiated a public information campaign to help people understand that although "changes in vision" are a normal part of aging, "vision loss" is not. The organization wants to help inform senior citizens that there are many ways to prevent blindness and to improve vision. Its goal is to raise seniors' expectations that they will be able to see when they get older, that there are many things that can be done medically to improve vision, and that seniors are entitled to a life that includes vision.

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Causes of Blindness

The major causes of blindness in the United States are diabetic retinopathy, age-related macular degeneration, cataracts, glaucoma, accident, and stroke.

Diabetic retinopathy, the leading cause of blindness in the United States, causes the blood vessels to leak fluid into the retina. Approximately 40 percent of people with diabetes have at least mild retinopathy. Hispanics, African Americans, and Native Americans have a higher incident of diabetes and thus are at higher risk than European Americans. Common signs are

- blurred or hazy vision, making reading difficult,
- increased sensitivity to bright light and glare, and
- faulty color vision.

Age-related macular degeneration (AMD) is the leading cause of vision loss among older Americans. One in 20 seniors is affected. It results in blurred or distorted central vision or a central blind spot. It does not affect peripheral vision. There are two types of macular degeneration: dry (atrophic) and wet (hemorrhagic). Laser surgery can slow the rate of vision loss from macular degeneration. Recent medical research indicates a cure for one form of macular degeneration may be near. It is most prevalent in European American populations. The number of people affected is expected to exceed 6.3 million as the population ages. Typical problems include difficulty

- recognizing faces and colors,
- driving a car,
- reading print, and
- doing close handwork such as sewing and other handicrafts.

Cataracts are cloudy areas in part, or all, of the eye lens. As the lens ages, the center or nucleus turns yellow and loses its ability to focus for close work. Approximately 50 percent of Americans between the ages of 65 and 74 have cataracts, and 70 percent of people over the age of 75 have cataracts. Typical problems include the following:

- Difficulty seeing in poorly lit environments because of the decrease in contrast sensitivity.
- Increased sensitivity to light and glare caused by reflection from metal, pavement. or fluorescent ceiling lights.
- Print often looks hazy and the contrast is not distinct. It appears faded and is difficult to read in dim light.
- Distant vision can be blurred, especially outdoors.
- Sunglasses may seem to reduce vision and may cause "ghost images" or seeing double.
- Colors appear faded or changed in hue—blue may seem green, white may appear gray or beige, and yellow may appear white.

Glaucoma, a buildup of excess fluid, causes an elevation of pressure inside the eye that damages the optic nerve. It affects more than 3 million people. People at highest risk are over age 60, African Americans over the age of 40, and people with a family history of glaucoma. It is the leading cause of blindness for African Americans and the third leading cause of legal blindness for European Americans. The first problems associated with glaucoma are with peripheral vision. The congenital form affects young people, the secondary form is the result of injury or trauma, and the acute and closed angle forms are most frequently associated with aging.

Accidents and strokes account for the majority of other incidents of blindness.

Related Issues

Shortage of Mobility and Orientation Training

Adults who become blind or who lose significant vision later in life must try to maintain and learn new independent living skills such as walking safely, dialing a phone, identifying medications, and managing their checkbook. They may have difficulty finding suitable employment. The simple processes of communicating in print in daily life can become difficult. Being able to read is reported as one of the biggest issues for many people who lose their vision later in life.

Several of the interviews indicated that there is a shortage of mobility and orientation training in Wisconsin. The Wisconsin Council of the Blind estimates that only about 1 percent of the population over 45 who are blind or have severe vision impairment in the United States receive appropriate rehabilitative services. There is not enough funding to train the number of people who need it. Some training is provided by the state Bureau for the Blind, but the case loads are as high as 50 or 60 people per trainer, and there are only 14.8 full-time professional staff and 15 paraprofessionals covering the entire state. Much of the training is left to nonprofit groups such as the Wisconsin Council of the Blind, which must raise its own funds. Other agencies provide general training in independent living skills, but their staff are not usually certified in mobility training.

Transportation and Travel Issues

Transportation is also a major issue for people who are blind and is a special challenge in rural areas. As one interviewee put it, "You can be ready and able to go somewhere, but you are always at the mercy of someone else. If they aren't there or can't come, you can't go anywhere." Public transportation can be used, but it does not exist in many communities. Some communities have a special transit system for people with disabilities that will pick people up and drop them at an exact address, but it is not very flexible and is often available only at certain times of the day.

Trying to keep up with what is happening and changing in their community and the world around them is difficult for people with severe vision disabilities or blindness. They cannot pick up general information by scanning the newspaper or seeing things as they ride along in a bus or car. They may have a memory of how things are and where they are located, but they do not have the usual ways to add to that information when something changes—stores close, new ones open, clinics move.

Assistive Devices and Dogs

Many people who have severe vision disabilities use assistive equipment and animals. The Wisconsin Council of the Blind estimates that about 4 percent of the state's population of people who are blind use braille, which is about 400 to 500 people. The American Foundation for the Blind's Web page (www.afb.org/info_document_viewasp?documentid=1367) indicates that in the United States as a whole, 109,000 people use white canes; in 1990 nearly two-thirds of these users were under the age of 65. This data may indicate that seniors who become blind are not routinely taught basic mobility skills. In 1993 7,000 people in the United States who were blind used dog guides. In addition, 1.5 million blind and visually impaired people use computers, and many have adaptive equipment on their computers.

Parents of Children Who Are Blind

Parents of children who are blind or have severe vision loss often need information and resources for locating appropriate assistance for their children. The DPI reports that there were 453 students in Wisconsin public schools who were blind or had significant vision disabilities in the 2001–2002 school year, and 5 children who were both blind and deaf. In addition, 72 children attend the Wisconsin School for the Visually Impaired in Janesville, which is administered by the DPI. In Wisconsin 314 people who use braille are registered with the Wisconsin Library for the Blind and Physically Handicapped; 79 are children. About one thousand children are registered users of the service.

The Wisconsin School for the Visually Handicapped and the Wisconsin Center for the Blind and Visually Handicapped, located together in Janesville, offer services for students, their teachers and parents, and adults who have severe visual impairments. The school provides a residential program for the children enrolled full time; other students attend part time. The Wisconsin Center for the Blind and Visually Handicapped offers support, braille, and large-print text books and training for Cooperative Educational Service Agency (CESA) districts and for classroom teachers who work with children who are blind or visually impaired. It also is a resource for parents and other professionals working with children with severe visual impairments. The center offers mobility training during the summer for adults who are blind.

Results of the Survey of Library Services to Adults with Special Needs

Special Needs Survey Questions on Vision

Question	Number of Libraries Responding Yes	Percentage
• Library provides remote access to its catalog.	176	60%
• Library has hand magnifiers.	170	58%
• Library has added materials in past three years on subjects related to vision loss and blindness.	143	49%
• Home delivery is available for people with limited vision.	104	35%
• Library has a brochure that describes special services for people with limited vision or who are blind.	88	30%
• Library has a machine, other than a computer, that scans and enlarges text.	68	23%
• Library staff attended training in the past three years on services for people with limited vision or who are blind.	57	19%
• Library owns descriptive videos.	51	17%
• Library has at least one periodical or newsletter intended for people with vision disabilities.	38	13%
• Library Web page has links to resources for people with limited vision or who are blind.	29	10%
• In the past three years, the library has had a planning process that included people with a vision loss or who were blind, their family members, or agency advocates.	23	8%
• Service brochures are available in large print or nonprint.	19	6%
• Card applications and other forms are available in large-print or nonprint format.	16	5%
• Library has a bright light that can be moved around in the library to improve reading light.	15	5%
• Program flyers are printed in large print.	11	4%
• Meeting notices are printed in large print.	2	1%
• Annual reports are available in large-print or nonprint format.	3	1%
• Library newsletters are available in large-print or nonprint format.	1	0%

Note: In 2002, 293 of Wisconsin's 380 public libraries completed the survey, a 77 percent response rate. See chapter 12 for the complete survey and a summary of the results.

Barriers to Service

Interviewees frequently mentioned transportation to and from the library as a barrier to public library use. Availability of parking and prompt snow removal were also cited as general travel problems for people with vision loss.

Self-image and self-confidence are two important considerations for people with severe vision loss or blindness. Adults who lose their vision must first often accept themselves as people who are blind, which is difficult. They may feel self-conscious and think everyone is looking at them. They may be frustrated by their struggles with daily living. When they ask questions or ask for assistance and someone responds, "What's the matter, can't you read?" it really sets them back. They must gain confidence and skills to travel independently as people who are blind, and they may hesitate to go to a public place like a library.

The lack of understanding some people experience when they go to a public place can deter them from coming a second time. They often do not have the confidence to ask for help in making the world around them more comfortable. When a person who is struggling with self-identity encounters disrespect or indifference, they likely will not come back. Rude, unhelpful, and unfriendly or even indifferent staff are barriers to public library use.

One patron reported that she needed to enlarge a page so she could see it and asked for assistance with the copier. She was told where the copier was, but when she couldn't read the directions because the print was too small for her to see, she was told the staff could not assist her because copier use was "self-service."

Another barrier to public library use is unfamiliarity with the range of available library services. People who have a severe vision loss may be unaware of what the library has to offer. They may assume the library only has print resources. They may depend on the Wisconsin Regional Library for the Blind and Physically Handicapped to meet their needs and not know that the local public library has music CDs and tapes, recorded books, and described videos.

Some people with vision impairments may not go to public libraries because they are afraid they will not be able to find the materials they need. They may think they cannot access materials easily because they have to use a computer catalog, and many people who are blind or have severe vision problems do not know how to use a computer. The lack of accessible workstations is another barrier to public library use. People who have vision impairments and who actively use computers may be accustomed to highly sophisticated adaptive tools. They may need specialized software and hardware to read the screen, to print materials, and to scan and read print documents.

Planning and Collaboration

Public librarians will find many state agencies willing to recruit their members to help with a planning process. During the interviews, several agencies offered to assist public libraries in identifying people around the state who could serve on planning committees. Most agencies that serve people who are blind have newsletters and may be willing to include library information in them for specific areas. Try the following:

- Badger Association of the Blind
- Bureau for the Blind, Wisconsin Department of Health and Family Services
- Wisconsin Council of the Blind
- Wisconsin Center for Deaf-Blind Persons

One planning suggestion was to include the chairs or presidents of regional chapters of the Badger Association of the Blind support groups, or those for the Wisconsin Council of the Blind. Often, people are

eager to get out and do things, so they may be receptive to attending meetings and helping out with planning. Additional assistance might come from the following:

- Special Education Department staff at Department of Public Instruction.
- Family members of people who are blind or deaf-blind.
- National Federation of the Blind–Wisconsin (NFBW). Wisconsin is fortunate to have Dan Wenzel as a representative on the national board. Wenzel can be reached at the Wisconsin Center for the Blind and Visually Impaired, where he is a regional support specialist.
- Wisconsin Center for the Blind and Visually Impaired.
- Volunteer braillist and tapist organizations in Madison and Milwaukee.
- Wisconsin Regional Library for the Blind and Physically Handicapped.
- Agencies serving seniors.

Staff Training

The interviews revealed a significant need for librarians trained in communication skills with people who are blind or who have severe vision loss. Good communication begins with treating all people with courtesy and dignity. Greet people as soon as they enter the building. Librarians can introduce themselves and explain who they are and their availability to help if needed. Before attempting to help people with a vision disability, ask them if they want or need assistance. Explain what is happening as the process evolves. Librarians show respect by talking directly to the person, not to a companion. It is helpful if librarians stand where they can be seen or let the person know where they are located. It is best not to talk from behind the person. There is no need for librarians to raise their voices unless the person has a hearing problem. Be descriptive with responses. People who have severe vision loss appreciate it when librarians announce when they are leaving or going to another area.

The interviews suggested that training can sensitize library staff to what it is like to be blind and how people deal with daily challenges. There are basic techniques to use when guiding someone who has a vision loss. There is also basic etiquette involved in assisting someone who has a service animal. Meeting a person who is deaf and blind can be uncomfortable for those who have little experience with such interactions. Most people who are deaf-blind have either some vision or some hearing, or both. Try to determine which sense is the strongest.

A basic communication skill that requires simple training for people who have profound disabilities in both areas is to trace capital letters into the palm of the person's hand, one letter at a time. This is useful for people who do not use tactile sign language or for librarians who do not know how to use sign language at all. If the patron and librarian know finger spelling, that can be done in the palm of the hand. There is also a technique used to help seat people who are deaf-blind. These patrons are especially vulnerable in an emergency, so librarians should be aware of where they are in the building, ready to assist if necessary.

Interviewees stressed the need for librarians to be familiar with basic adaptive equipment, both low- and high-tech, used by many people who are blind or have severe visual impairments. For example, Book Worm, a new product about the size of a computer mouse, has a braille display. Text is downloaded into this device, read by it, and displayed tactily.

The following agencies can provide staff training for public librarians:

- Badger Association of the Blind
- Wisconsin Council of the Blind
- Bureau for the Blind, Wisconsin Department of Health and Family Services
- Wisconsin Regional Library for the Blind and Physically Handicapped

Collections and Services

A public library has many resources to offer adults who are blind or who have moderate to severe vision loss. A good current collection of books in large print is important to people who retain some vision. Arrange to have good lighting in the stacks housing the large-print books. It is also an excellent place to display flyers on the Regional Library for the Blind and Physically Handicapped. Music on CDs or tapes, recorded books—especially new titles—and described videos, in which the action is described when there is no dialogue, may all be of interest to people who cannot see well. Adults who are blind may be as interested in the library's community programs and activities for their children as any other community member.

One of the best services public libraries can offer people with limited vision is information about the Wisconsin Regional Library for the Blind and Physically Handicapped. The regional library was mentioned repeatedly in the interviews as the primary source for reading materials for people who are blind, who have severely limited vision, or who have disabilities that make it difficult or impossible to hold a book and turn the pages. A doctor's signature is required for people with reading disabilities to be certified as users of the service. People who are blind, visually impaired, or physically unable to hold a book may be certified by other professionals, such as teachers, librarians, nurses, and physical therapists. One interviewee commented, "The Library for the Blind is the best administered government program in the state."

Public librarians need to be knowledgeable about the regional library, promote it with signs in the library, tell individual patrons about the service, and have applications on hand to offer their patrons. Librarians can further promote the service by keeping a demonstration "talking book" machine and a recording or two at the library.

Wisconsin Regional Library for the Blind and Physically Handicapped

The Wisconsin Regional Library for the Blind and Physically Handicapped is a free library service administered by the National Library Services for the Blind and is part of the Library for the Blind and Physically Handicapped in the Library of Congress. The service provides books and magazines in braille and special audiorecording formats for children and adults. The regional library not only provides access to the materials but supplies the free machines needed to listen to the recordings as well. Materials are mailed postage free to users and are returned at no cost. Some adaptive equipment such as page turners are also provided.

In 2002, 10,319 people and 503 institutions used the services of the Wisconsin Regional Library. Of these, 10,095 of the users were adults, and 224 were children. In addition, 314 people who used the service used braille, 235 of whom were adults. Eighty percent of the people who used the regional library were over the age of 65. In addition to the people who used the service because of vision disabilities, 567 patrons had physical disabilities other than vision, and 1,334 users had reading or learning disabilities.

Users of the service may subscribe to *Newsline for the Blind*, which is a 24-hour toll-free telephone newspaper reading service accessible by touch tone phone. The *Chicago Tribune*, *New York Times*, and *Washington Post* are available, as are the *Wisconsin State Journal*, *Capital Times*, and *Milwaukee Journal Sentinel*.

The library has a limited collection of large-print periodicals, described videos, and resource material on blindness in various formats. The staff also creates bibliographies on subjects of interest to their patrons.

People who go to the Regional Library for the Blind and Physically Handicapped, located in the lower level of the downtown Milwaukee Public Library, can use equipment in-house, such as braille embossers and writers, a closed-circuit television to enlarge printed materials or images such as photographs, magnifiers, optical character readers, and computers with specialized enlarging software and speech output devices. The library also provides reference and reader's advisory services. The regional library publishes a quarterly newsletter for its users and would be an excellent place for public libraries to make their local services known to people who are blind and who have severe vision impairments.

By having a good selection of recorded books, public librarians can offer another important service to persons with vision impairments. Recordings of new books typically come out commercially long before they are recorded and made available by the Regional Library for the Blind and Physically Handicapped. By going to a public library for recorded books, someone who has a severe vision impairment can be reading books at the same time as their sighted friends. There are also periodicals of special interest to people who are blind or who have severe vision impairments. Some of these titles are included in the "Additional Resources" section at the end of this chapter.

One suggestion that came out of the interviews was for libraries to offer book clubs for people who do not read print or to make a special effort to invite people who use recorded books to participate in book discussions with sighted patrons.

All library Web pages should be created using universal design principles. Basic Web page accessibility-design instructions are readily available on the Internet. Library electronic catalogs should be designed to interface easily with screen-reading software so that people can access the catalog and resources from home.

Accessible Buildings and Services

Libraries can make life much easier and more comfortable for patrons who have severe vision impairments by adjusting the physical environment. Use of universal design can make public spaces more comfortable and functional for individuals who are blind or visually impaired, and for others as well. It does not require a great deal of time, energy, or money. Universal design in a building refers to features that address the needs of people with disabilities but have no negative impact on people who are able-bodied. The ideal time to use universal-design elements is when a new building or major remodeling project is being planned.

One example of universal design relates to lighting. Several important considerations involve color contrast and reduction of glare. Appropriate lighting is extremely important for people who have limited vision. Some people with severe vision impairments see best in natural light. Also consider the following:

- Replace all light bulbs in the library promptly.
- Bright lighting is not always better. Bright overhead lights, especially fluorescent ceiling lights, often create glare that worsens vision for some people.
- Brightness only helps if it is directed toward what people want to see and away from their eyes.
- Floor and table lamps with a good intense light and that can be moved around by patrons to other areas as needed are helpful.
- The Council of the Blind can make recommendations on specific types of lamps that have goosenecks and are highly adjustable.
- Seats near windows may be preferred.
- Window coverings that include adjustable blinds or sheer curtains or draperies are helpful because they allow light to be adjusted.
- People who have cataracts may need to reduce direct sunlight.

When designing a new building or selecting new furniture, work with an interior designer familiar with universal design concepts. If possible, do the following:

- Select upholstery with texture because it gives tactile clues for identification.
- Use brightly colored accessories such as vases or lamps to make the furniture easier to locate.
- Avoid floor coverings and upholstery with patterns. Stripes and checks can create visual confusion for people who do not see well.
- Place light or dark objects against contrasting backgrounds—for example, a dark table near a light wall.
- Use contrasting color on door handles and trim around the door frame to make the doorway easier to see.

General safety issues benefit all patrons. People who do not see well often stumble or trip easily. If the people are elderly, it compounds the problem and intensifies the safety concerns. Routine safety issues are often required by building code and include attention to the following:

- Replace worn carpeting and floor coverings.
- Tape down area rugs.
- Level walking surfaces are important, especially when the type of flooring changes from one area to another.
- Tape down or keep electrical cords out of pathways.
- Promptly dry waxed floors and wipe up water on floors that tend to be slick.
- Avoid protruding fixtures—including phone booths, drinking fountains, and fire extinguishers. They should be flush or inset into the walls.
- Hallways lighting should be consistent throughout the length of the hall.
- Chair railings can be installed in halls to help guide people.
- The edge of all steps and ramps should be marked with paint, tape, or surface edging of a contrasting color.
- Stairwells should be well lit, and stair railings should extend beyond the top and bottom steps. Landings should be marked with a contrasting color.
- Emergency exits should be clearly marked.

Librarians may want to consider adding or updating both low- and high-tech devices and equipment in the library:

- Install pay phones with large-print key pads and sound amplifiers.
- Provide handheld magnifiers.
- Provide writing and signature guides.
- Have high-contrast markers on hand.
- Consider purchasing a scanning and enlarging pen. It looks like a thick pen, with a screen on the side that enlarges text. It scans text as it is run over a section of text in small print and displays it in large print. This device is especially helpful to use with phone books and dictionaries and other reference tools that have very small print.

Many people who have low vision are older, and seniors may prefer simple equipment to a computer. One simple magnification tool is a closed-circuit television that magnifies and projects printed materials onto a television screen. This equipment is much simpler to use than a computer scanner, and it takes only moments to teach someone to operate. If patrons need to have text read rather than enlarged, they may be more comfortable with a stand-alone machine, such as a Kurzweil, than a computer screen reader. A Kurzweil is a machine that scans text much like a copier and then reads the text with a computerized voice. It is much simpler to operate than a computer.

La Crosse Public Library Has an Assistive Technology Lab

Using LSTA funding, the La Crosse Public Library developed an extensive collection of both high- and low-tech equipment and tools for people with disabilities. Some of the equipment is intended to address the needs of people who have low vision or who are blind. People may come in and try out a variety of equipment in a lab that houses the materials. The items include various types of hand and stand magnifiers, a closed-circuit television that enlarges text and images, and computer software programs that enlarge or read text, or both.

However, many people who have severe vision disabilities are sophisticated computer users. They often have specialized equipment and software on their home or work computers and find it useful if the same types of products are available at a public library. A 19-inch or larger monitor is helpful to make full use of the built-in enlarging features of most new computers. Large-size keyboards embossed in braille are also helpful. Staff at the Wisconsin Council of the Blind reported that the two most frequently used screen enlargers are ZoomText and Magic. The two most frequently used screen readers are JAWS and Window Eyes. Numerous other products are available.

Staff at both the DLTCL and the Regional Library for the Blind and Physically Handicapped can help direct librarians to appropriate adaptive technology products.

Marketing

When asked how librarians could best market directly to people who are blind, one interviewee responded, "Radio, definitely radio!" Several people who were interviewed advised using television ads. Other suggestions included putting information in the newsletter of the Regional Library for the Blind and Physically Handicapped, titled *The Bulletin Board*. Other agency newsletters that may be receptive to including information from their local libraries include the following:

- Independent living centers
- SHHH-Wisconsin
- Badger Association of the Blind
- Support groups affiliated with the Council of the Blind, the Bureau for the Blind, the Division of Vocational Rehabilitation, and the Councils on Aging
- Local nursing homes
- Senior meal sites
- Senior citizen centers
- Housing complexes for the elderly

Many of the interviewees suggested that librarians go to places where there are seniors because seniors have high incidents of vision impairments. Other suggestions included putting information on the library's Web page, which should use universal design, using e-mail, and creating an audiotape for inclusion with deliveries of materials from the Regional Library for the Blind and Physically Handicapped to targeted ZIP code addresses.

Southwest Library System Helps Create Special Needs Service Brochures

Library size is no barrier to offering services and materials for people who have severe vision impairments. Using LSTA funds, the Southwest Library System in Fennimore helped its many small rural libraries design and print brochures that highlight local resources and the materials the library can help patrons get through interlibrary loan.

Several different agencies recommended that librarians occasionally attend support group meetings of people who have vision impairments so attendees know who the librarian is and what the library has to offer. This would allow librarians to join in on the "kitchen table" discussion for the community of people with

vision impairments. They can also attend meetings of blindness organizations, such as the National Federation of the Blind-Wisconsin. Librarians may want to set up a display of materials and descriptions of services they offer for people who are blind or have severe vision impairments at meetings of the various agencies that provide vision and training services. Such displays could help make administrators and trainers aware that the library has more than books. Churches could include a library insert in their bulletins. Some churches are now hiring parish nurses, who could help their parishioners discover what the library has to offer. Home delivery services are often not well publicized, and these organizations can help get information on the service out to the people who most need it.

Librarians may want to routinely make brochures and other special information in large print and put statements on all printed documents that indicate alternate formats and accommodations are available. Bibliographies of large-print books and described videos would be good items to routinely create in large print.

To make printed material easier to read, keep these considerations in mind:

- Use the best-possible contrast for text.
- Many older people find white or yellow lettering on black easier to read than black lettering on white or yellow paper.
- Dark blues and greens for lettering can often be effective.
- People who have cataracts can best see bright primary colors with high contrast, such as large black print on white or light yellow paper.
- Using different-colored lettering for headings is hard for people with low vision to see.
- Use a minimum of a 16-point font, but 18 point is better, and a bold 18-point font is best.
- Select a typeface that has easily recognizable characters, such as roman or sans serif. Arial is a good choice for a font, as is Courier, which also provides wide and equal spacing between letters.
- Avoid decorative fonts, italics, and all capital letters.
- Use bold type when possible because the thick letters helps make the print more legible.
- Spacing between lines should be 1.5 rather than single spacing.
- When hand printing a sign, use a black felt-tip pen on white paper for highest contrast. Avoid using glossy paper because it causes glare.
- Signs should be placed at eye level.

Several of the people interviewed stressed the importance of in-house marketing. It is not enough to purchase adaptive equipment and wait for patrons to ask for it; few will ask. Often, family members see equipment and then bring in the person who has the vision problem to try out the equipment. To market the equipment to the people who need it, place both the signage and the adaptive equipment where it is visible to all patrons.

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Additional Resources

Periodicals

Braille Monitor. <www.nfb.org/publications.html>. The monthly publication of the National Federation of the Blind. It is available in braille, in print, on 8⅓ record, and on cassette.

Future Reflections. <www.nfb.org/publications.html>. Published by the National Federation of the Blind, this is a quarterly magazine for parents and educators of children who are blind.

Matilda Ziegler Magazine. <www.zieglermag.org>. A general-interest monthly publication that includes a variety of information on entertainment, reprinted articles from other magazines and newspapers, book excerpts, and short fiction. It is available in grade-2 braille and half-speed cassettes but is not available in large print.

Newsline for the Blind. A 24-hour toll-free telephone newspaper reading service accessible by touch-tone phone. The *Chicago Tribune*, *New York Times*, and *Washington Post* are available, as are the *Wisconsin State Journal*, *Capital Times*, and *Milwaukee Journal Sentinel*. The service is available through the Wisconsin Regional Library for the Blind and Physically Handicapped, 800-242-8822.

Reader's Digest. Available in large print. P.O. Box 241, Mt. Morris, IL 61054, 815-734-6963; or Reader's Digest Large Type Magazine, P.O. Box 3010, Harlan, IA.

Videos

American Foundation for the Blind. *The Seven Minute Lesson: Sight-Guided Techniques for Assisting People Who Are Blind or Visually Impaired*. 1978. 7 min. American Foundation for the Blind. Videocassette. ($29.95 from the American Foundation for the Blind, 11 Penn Plaza, Suite 300, New York, NY 10001; 800-232-5463 or 202-502-7600; <www.afb.org>.)

American Foundation for the Blind. *What Do You See When You See a Blind Person?* 2000. 16 min. American Foundation for the Blind. Videocassette. ($39.95 from the American Foundation for the Blind, 11 Penn Plaza, Suite 300, New York, NY 10001; 800-232-5463 or 202-502-7600; <www.afb.org>.)

University of Washington. *Working Together: Computers and People with Sensory Impairments*. 2000. 11 min. DO-IT, University of Washington. ($25 from University of Washington, DO-IT [Disabilities, Opportunities, Internet Working and Technology], P.O. Box 355670, Seattle, WA 98195-5670, 206-685-3648 [voice/TTY]; <www.washington.edu/doit/Video/wt_sensory.html>.)

National Organizations

American Council of the Blind (ACB). <www.acb.org>; 800-424-8666 or 202-467-5081; 1155 Fifteenth Street NW, Suite #720, Washington, DC 20005. A major source of information about blindness.

American Foundation for the Blind (AFB). <www.afb.org>; 800-232-5463 or 202-502-7600; 11 Penn Plaza, Suite 300, New York, NY 10001. Provides information on aids, appliances, employment, dog guides, and library services.
Region III Office. 800-232-5463 or 312-245-9961; 401 W. Michigan Avenue, Suite #308, Chicago, IL 60611.

American Library Association (ALA). <www.ala.org/ascla/awards.html>; 800-545-2433 or 312-944-6780; 50 E. Huron Street, Chicago, IL 60611. The Library Service to People with Visual and Physical Disabilities is a unit of the Association of Specialized and Cooperative Library Agencies (ASCLA). It sponsors the Francis Joseph Campbell Award given annually to a person who has made an outstanding contribution to the advancement of library services for people who are blind or physically handicapped. The ASCLA/National Organization on Disability Award is a $1,000 award and certificate for a library organization that has provided services for people with disabilities.

American Macular Degeneration Foundation. <www.macular.org>; 888-622-8527 or 413-268-7660; P.O. Box 515, Northampton, MA 01061-0515. Conducts research and provides educational information on macular degeneration.

Bobby, Center for Applied Special Technology. <bobby.watchfire.com/bobby/html/en/index.jsp>; 800-282-5951 or 781-810-1450; 200 West Street, Waltham, MA 02451. A comprehensive Web accessibility software tool designed to help identify and repair barriers to accessibility and encourage compliance with existing accessibility guidelines.

DVS Home Video. <www.wgbh.org/dvs>; 800-333-1203; P.O. Box 55742, Indianapolis, IN 46205. A source for videos that describe the action in a film when there is no dialogue.

EnableMart. <www.enablemart.com/products>; 888-640-1999; 400 Columbia Street, Suite 100, Vancouver, WA 98660-3413. A source for the Reading Pen, which scans a line of text or words and enlarges them.

BEST COPY AVAILABLE

The Foundation Fighting Blindness. <www.blindness.org>; 800-683-5555 or 410-7851414; 800-683-5551 (TTY); 11350 McCormick Road, Hunt Valley, MD 21031-1014. Researches the cause, treatment, and prevention of retinitis pigmentosa, macular degeneration, Usher's syndrome, and other retinal degenerations.

The Glaucoma Foundation. <www.glaucomafoundation.org/info>; 800-452-8266 or 212-504-1901; 33 Maiden Lane, Seventh Floor; New York, NY 10038. A national nonprofit organization that funds and promotes research on glaucoma.

Glaucoma Research Foundation. <www.glaucoma.org>; 800-826-6693 or 415-986-3162; 490 Post Street, Suite 830, San Francisco, CA 94102. Funds research and education on glaucoma.

Hadley School for the Blind. <www.hadley-school.org>; 800-323-4238 or 847-446-9916; 700 Elm Street, P.O. Box 299, Winnetka, IL 60093-0299. Offers correspondence courses for people who are blind in vocational training, high school equivalency exams, technical computer subjects, and self-improvement courses. Courses are available in braille or audiocassette format. There are also courses for sighted parents of blind infants and children, and for professionals who work with people who are blind.

Helen Keller National Center for Deaf-Blind Youth and Adults. <www.helenkeller.org>; 516-944-08900; 516-944-8637 (TTY); 111 Middle Neck Road, Sands Point, NY 11050. A vocational rehabilitation training center that provides evaluation, training in vocational skills, adaptive and computer technology, orientation, and mobility.

Lighthouse International. <www.lighthouse.org>; 800-334-5497; 111 E. Fifty-ninth Street, New York, NY 10022. Provides vision rehabilitation services, education, research, prevention, and advocacy.

National Eye Institute (NEI). <www.nei.nih.gov>; 301-496-5248; 2020 Vision Place, Bethesda, MD 20892-3655. As one of the National Institutes of Health, NEI conducts and supports research that helps prevent and treat eye diseases and disorders.

National Federation of the Blind (NFB). <www.nfb.org>; 410-659-9314; 1800 Johnson Street, Baltimore, MD 21230. Provides advocacy services, information and referral, literature about blindness, scholarships, aids, and adaptive appliances. The NFB works with the U.S. Department of Labor on the Job Opportunities for the Blind program.

Prevent Blindness America. <www.preventblindness.org>; 800-221-3004 or 847-843-2020; 500 E. Remington Road, Schaumburg, IL 60173. Provides research, education, and service programs, as well as distribution of informational pamphlets.

Wisconsin Organizations

Badger Association of the Blind. <www.badgerassoc.org>; 414-258-9200; 912 N. Hawley Road, Milwaukee, WI 53213. A Milwaukee-based organization that operates a housing unit for adults who are blind, sells low-vision aids and appliances, and has an activity center for social and recreational activities.

Business Enterprise Program (BEP). <www.dwd.state.wi.us/dvr/bep.htm>; 800-442-3477 or 608-243-5630; 608-243-5601 (TTY); P.O. Box 7852, Madison, WI 53707-7852. As part of the Division of Vocational Rehabilitation, it assists people who are blind who want to establish a business.

Center for Blind and Visually Impaired Children, Inc. 414-355-3060; 5600 W. Brown Deer Road, Suite #4, Milwaukee, WI 53223-2346. Offers parents of children who are blind (age birth to five) early intervention services, orientation, mobility, various therapies, parent support groups, and informational meetings.

National Federation of the Blind-Wisconsin. <www.nfbwis.org>; 608-758-4800; 1420 W. State Street, Janesville, WI 53546. State chapter of the National Federation of the Blind.

Prevent Blindness-Wisconsin. <www.preventblindness.org>; 414-765-0505; 759 N. Milwaukee Street, Milwaukee, WI 53202. State chapter of Prevent Blindness America.

Volunteer Services for the Visually Handicapped. <www.vsvh.org>; 414-286-3039; 803 W. Wells Street, Milwaukee, WI 53233-1436. A volunteer-based agency dedicated to transcribing text into braille.

Volunteer Braillists and Tapists of Madison, Inc. <www.vbti.org>; 608-233-0222; 517 N. Segoe Road, Room #200, Madison, WI 53705. Transcribes print materials to braille or audiocassette. Has a small lending library of brailled trade books and large-print and brailled text books, and offers services to public libraries as well as individuals.

Wisconsin Center for Deaf-Blind Persons, Inc. 414-481-7477 (voice/TTY); 3195 S. Superior, Milwaukee, WI 53207. Provides rehabilitation services and training for adults who are both blind and deaf or have partial sight or hearing.

Wisconsin Center for the Blind and Visually Impaired. <www.wcbvi.k12.wi.us>; 800-532-9784 or 608-758-6100; 1700 W. State Street, Janesville, WI 53546. Located at the Wisconsin School for the Visually Handicapped in Janesville, the center provides services to CESAs, classroom teachers who have blind children in their classrooms, parents, and other individuals and organizations interested in services for people who have severe visual impairments. There are regional sites in West Allis, Portage, Oshkosh, and Turtle Lake.

Wisconsin Council of the Blind. <www.wcblind.org>; 800-783-5213 or 608-255-1166; 754 Williamson Street, Madison, WI 53703-3115. Offers programs in rehabilitation, low-vision assessment, orientation, mobility instruction, scholarships for technical school and college students, free white canes, eye research grants, and low-interest home loans for people who are blind.

Wisconsin Department of Health and Family Services, Bureau for the Blind. <www.dhfs.state.wi.us/blind/>; 888-879-0017 or 608-266-3109; 1 W. Wilson Street, Madison, WI 53703. Offers rehabilitation services to people who are blind or visually impaired to help them remain in their homes. Rehabilitation specialists visit people and provide training in daily living skills, household management, personal care, and communications. There are 14 regional offices in Appleton, Eau Claire, Green Bay, La Crosse, several in Madison and Milwaukee, Rhinelander, Sheboygan, Superior, Waukesha, and Wausau.

Support groups for persons who are visually impaired. <www.dhfs.state.wi.us/blind/VisuallyImpdSupport.htm>.

List of agencies that provide dog guides. <www.dhfs.state.wi.us/blind/DogGuides.htm>.

List of Wisconsin assistive technology dealers. <www.dhfs.state.wi.us/blind/AssistiveTechnology.htm>.

List of companies that provide adaptive equipment. <www.dhfs.state.wi.us/blind/AdaptiveEquipment.htm>.

Wisconsin Department of Public Instruction, Division of Learning Support: Equity and Advocacy. <www.dpi.state.wi.us/index.html>; 800-441-4563 or 608-266-3522; 125 S. Webster Street, P.O. Box 7841, Madison, WI 53707. Manages vision-related programs in local educational agencies, Cooperative Educational Service Agencies (CESA), and the Wisconsin Center for the Blind and Visually Impaired.

DPI, Education Consultant in the Area of Blindness and Visual Impairments. <www.dpi.state.wi.us/index.html>; 800-441-4563; 125 S. Webster Street, P.O. Box 7841, Madison, WI 53707. This consultant works primarily with the local CESA programs to provide local school districts support for students who are blind or have visual disabilities.

Wisconsin Regional Library for the Blind and Physically Handicapped. <www.dpi.state.wi.us/dpi/dltcl/rll/lbphinfo.html>; 800-242-8822 or 414-286-3045; 813 W. Wells Street, Milwaukee, WI 53233-1404. Affiliated with the National Library for the Blind and Physically Handicapped in the Library of Congress, this library sends braille materials, recorded books players, descriptive videos, and adaptive tools and special equipment by mail to people registered to receive its services.

Wisconsin School for the Visually Impaired (WSVH) and Center for the Blind and Visually Handicapped. <www.wcbvi.k12.wi.us/wsvh/wsvh.htm>; 800-832-9784 or 608-758-6100; 1700 W. State Street, Janesville, WI 53546. A residential school for students who have severe visual impairments. It offers K–12 education, extracurricular activities, meals and housing, and the latest in adapted technology to its participants.

All Web pages listed here were last accessed in November 2002.

Getting Started with Little Money and Time: Vision

The following are some ideas for public libraries to use when designing services for people with vision problems.

Breaking Down Barriers

- Greet everyone who comes into the library as they enter the door.

Accessible Buildings and Services

- If a patron who uses a white cane or has a service dog enters the library, the librarian should greet them, make an introduction, and ask them to let the staff know if they need any assistance.
- Use a computer or copier to enlarge the text of the library's service brochures and card application form, and offer them to people who seem to have a hard time seeing regular print. Offer them routinely to seniors.
- Start a brochure for the library on special services the library offers.
- Walk through the library and identify areas that could use better lighting.
- If there is no seating near natural light, move furniture around to take advantage of it.

Planning and Collaboration

- Display flyers or posters for the Wisconsin Regional Library for the Blind and Physically Handicapped and the *Newsline for the Blind* near the large-print books.
- Request a demo machine and recorded book from the Regional Library for the Blind and Physically Handicapped and offer to demonstrate it for patrons who are interested in the service.
- Make a list or create a brochure of all the materials and services the library offers that may be of interest to people who are blind, have severe vision loss, or are beginning to lose their sight. Include music on tape or CDs, recorded books, large-print books and magazines, described videos, home delivery of materials, assistance with the copier, assistance with the catalog and locating books on the shelves, and handicapped parking stalls. Include any adaptive equipment the library owns. Take the list to local nursing homes, housing units for the elderly, senior citizen centers, and senior meal sites. Ask these agencies to include the list in their next newsletter.
- Invite the local Lions Club to put a donation container for used eye glasses in the library. Participate in Sight Night on Halloween, and collect used eye glasses for the Lions Club.

Staff Training

- If patrons with a visual impairment ask for assistance, accompany them to the appropriate area and describe what is being done and the materials offered. Try to be as descriptive as possible.

Collections and Services

- Weed the large-print collection to help make it look attractive.
- Offer to enlarge text on a copier for people who have trouble seeing small print in reference or phone books.
- Explore the existing special needs options most computers have that enlarge text and allow changes in background and foreground colors; investigate special key arrangements that facilitate certain keyboard functions.
- Visit some of the state and national Web sites that serve people who are blind or who have severe vision disabilities.

MARKETING

- Plan displays for National Glaucoma Awareness Month and Low Vision Awareness Month (www.preventblindness.org), both in January, Save Your Vision Week (www.aoanet.org) in March, Vision Research Month (www.preventblindness.org) and Helen Keller Deaf-Blind Awareness Week (www.helenkeller.org) in June, Cataract Awareness Month (www.eyenet.org) in August, and Diabetic Eye Disease Month (www.preventblindness.org) in November.

All Web pages listed here were accessed in November 2002.

Literacy

9

At one time, literacy was defined simply as the ability to read. Today, as information and technology drive American society, that definition has been broadened. The Workforce Investment Act of 1998 defines literacy as "the ability to read, write and speak English, compute and solve problems at levels of proficiency necessary to function on the job, in the family of the individual, and in society." Very few adults who have attended school in the United States cannot read at all. However, between 21 and 23 percent of the U.S. population function at literacy Level 1, and another 25 to 28 percent function at Level 2, as defined by the National Institute for Literacy (NIFL).

Literacy experts believe that adults with only Level 1 or Level 2 skills lack the foundation to function fully in society. Adults who cannot read at Level 1 cannot total an entry on a deposit ticket, locate the time and place of a meeting on a flyer, or identify information in a brief news article. The illiteracy rates continue to rise in part not because more people are unable to read but because the level of skills needed to survive in society continues to rise. Adults at Level 2 cannot calculate the cost of a purchase, locate an intersection on a map, or complete a simple form. About 60 percent of adults reading at Level 1 or Level 2 never completed high school.

More Than 50 Percent of Patients Cannot Follow Medical Instructions

54.3 percent of people receiving Medicare in 1997 who had low literacy skills could not understand written instructions on how to take medication on an empty stomach.

67.7 percent of people in 1997 with low literacy skills did not know how to interpret low blood sugar levels.

Source: National Institute for Literacy (www.nifl.gov).

People in Wisconsin Who Have Literacy Needs

The NIFL's 1992 National Adult Literacy Survey estimated that 14 percent of Wisconsin adults read at the very lowest levels. However, data from the U.S. Census Bureau for 2000 indicates that the illiteracy rate may be slightly higher than that estimate. One criterion used frequently to define illiteracy is level of education. As indicated in table 12.4, census figures show that 15 percent of the adult population in Wisconsin over the age 25 (518,417 people) did not complete high school and do not have an equivalency degree. Of those, 186,125 have less than nine years of formal education. Literacy Services of Wisconsin, Inc., a Milwaukee-based literacy agency, estimates that there are more than 300,000 adults with literacy needs in Wisconsin, 160,000 of them in the Milwaukee area.

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Education Levels in Wisconsin, 2000

Less than ninth grade	8%	Some college, no degree	20%
Between ninth and twelfth grade	13%	Associate degree	7%
High school diploma or equivalent	36%	Bachelor's degree	11%
		Attended graduate school	5%

Source: The Wisconsin Literacy Resource Network (www.board.tec.wi.us/wlrn).

One group reflected in the illiteracy statistics are senior citizens who grew up during the Depression and World War II. During that time, high schools were not readily available to students living in rural areas. Many who did begin high school classes dropped out to support their families or to join the war efforts. According to the 1992 National Adult Literacy Survey (National Institute for Literacy), 30 percent of people over the age of 65 read at Level 1 or 2.

Students dropping out of school continues to be a challenge today, but perhaps for different reasons. The DPI reports that 6,441 Wisconsin students dropped out of high school at some point in the 1999–2000 school year and did not return the following fall (Wisconsin Department of Public Instruction 2001). The same report indicates that 475 students left school in the seventh and eighth grades and did not return. Students who drop out of school because of a lack of academic support and success, family problems, or involvement with drugs, alcohol, or violence add to the number of adults with low literacy skills in the state. Poverty is also a significant factor in the cycle of illiteracy and is related to the drop-out situation. The connection between poverty and illiteracy is covered in more depth in chapter 10.

The DPI drop-out report states that the rates for all racial and ethnic groups are higher than the rate for European American students. In Milwaukee only about half the students who start ninth grade will finish high school four years later. Less than half the district's Native American and African American students graduate from high school, and the graduation rate for European American students in Milwaukee is the lowest in the state.

Even though better testing and instructional techniques are available, children with learning disabilities may still go undetected. Their lack of academic success can lead to discouragement, lack of self-esteem, and behavioral problems. They may just give up and leave school, adding to the number of adults who have low literacy skills.

In addition, some students are "passed through" from one year to the next and graduate even though they do not have the minimum skills of their peers. Some may slip through because they have excellent adaptive skills and great social skills and can hide their literacy weaknesses. These students may be highly intelligent but have significant learning disabilities. Although they have a high school diploma, they may lack the literacy skills needed to cope in society and add to the number of functionally illiterate adults in Wisconsin.

Estimates on Learning Disabilities in the United States

Estimates of learning disabilities in the population in general range from 3 to 13 percent. Among adults with low literacy levels, the estimates are much higher, between 50 and 80 percent (National Institute for Literacy 2002).

Another factor that adds to the overall number of adults with low literacy skills in the state is the growing number of immigrants arriving who have low literacy skills. The U.S. Bureau of the Census 2000 data indicates that people born in Asia represent 32.4 percent of the Wisconsin population who were born outside the U.S., while those born in Latin America represent 33.9 percent. The two largest groups in these categories are

Southeast Asians and Mexicans. The Hmong, Cambodians, and Laotians have very low level literacy rates because opportunities for education and reading were almost nonexistent in their home countries. Many recent Mexican and other Latin American immigrants have less than a high school education. The 2000 census indicates that 36,736 people over age 5 in Wisconsin speak an Asian or Pacific Island language at home and 168,778 people over age 5 speak Spanish, and they do not speak English well. Many people from other ethnic groups also live in Wisconsin. There are significant numbers of Ethiopians, Russian Jews (many of whom are seniors), and Bosnians who also have limited use of English, as well as smaller numbers of people who speak other languages. The National Institute for Literacy's National Adult Literacy Survey in 1992 revealed that 25 percent of adults in the United States who read at Level 1 or 2 were immigrants, just learning to speak English.

Literacy in the State Corrections System

The combined cycles of poverty and illiteracy are the root cause of many people ending up in Wisconsin's correctional facilities. Each county and large city has its own jail and juvenile detention facility, or they cooperate with others to house prisoners. The state of Wisconsin operates several state prisons, coordinates the housing of some prisoners out of state, and manages several secure juvenile facilities. The corrections organization also has oversight of the home detention program and probation services. There is one federal prison in Wisconsin, located in Oxford.

Wisconsin State Prison Inmate Profile for 2002

Total	22,000
Adults	20,650
Juveniles	1,350
Average age	35–36
Male	92%
Female	8%
Illiterate	30%
No high school diploma	50–60%
Low job skills	65–70%
Mental health problems	65%
Drug and alcohol abuse	65%

Source: Wisconsin Department of Corrections (www.wi-doc.com).

People in jail are there because they are waiting to post bail, are awaiting trial, or are serving a sentence that is typically under a year. Some prisoners may be in the Huber program, which allows them to leave jail to go to work and return in the evenings and weekends. County jails frequently move prisoners to avoid overcrowding. The counties cooperate with each other by holding prisoners when they have openings and later shifting their overload to another county.

Adults in prisons are serving court-ordered prison terms of more than one year. The prisons system includes home detention, minimum-security facilities that used to be called "work camps," medium-security facilities, maximum-security facilities, and the "super-max" prison in Boscobel, depending on the prisoner's age, health, and type of crime involved. Two mental health facilities house inmates who have significant mental health needs. There are currently several hundred prisoners housed out of state, most in privately run facilities. The adults are primarily from Wisconsin but include anyone who is tried and convicted of a crime in Wisconsin.

The inmates in the federal prison are from all over the country. These inmates have been tried and convicted of crimes that fall within federal jurisdiction. The prison body is in constant flux, with inmates arriving

and others leaving on a weekly basis. Sometimes they are being shifted to a location closer to a place where they will be tried. Sometimes they are shifted to even out the numbers of inmates in a different prison.

In an interview, Vibeke Lehmann, library services coordinator for the Wisconsin Department of Corrections, indicated that approximately 22,000 offenders are incarcerated in Wisconsin's prison system: 20,650 adults and 1,350 juveniles. The average adult inmate is 35 or 36 years old. However, the fastest-growing segment of the prison population is seniors, a result of several factors: sentences are getting longer, there is less-frequent use of parole, and there is a higher percentage of inmates convicted of violent crime, with subsequently longer sentences.

Most adult prisoners are male—92 percent; 8 percent are female. Fifty percent of the inmates have not completed high school. About 30 percent are functionally illiterate, and about 65–70 percent do not have employable skills. Approximately 65 percent have mental health and emotional problems. And 65 percent had problems with drugs or alcohol before they were incarcerated. The juvenile demographics mirror those of the adult population. Juveniles placed in juvenile facilities must attend school.

A report by the U.S. Bureau of Justice Statistics issued in April 2002 reveals that Wisconsin incarcerates African American offenders at a higher rate than any other state in the country. But Wisconsin's overall incarceration rate is below the national average. In mid-2001, there were 4,058 African American inmates in prison and jails in Wisconsin per 100,000 African American residents. Nationally, African Americans are incarcerated at 6 times the rate of European Americans, but the rate in Wisconsin is 10 times the rate for European Americans.

Juveniles under the age of 17 are in detention facilities within these jails for much the same reasons as adult inmates, although they are supposed to be housed away from adults and attend in-house school. The schooling varies greatly within these county jails. Education is not a requirement for 17-year-olds who are charged as adults.

Other juvenile inmates are housed at facilities that combine a corrections environment with a school. There are separate facilities for males and females. A small number of juveniles are assigned to other options, such as "boot camps."

According to the 2002 U.S. Bureau of Justice statistics report, Wisconsin leads the country in the number of inmates that are sent out of state. At the time of the study, 4,526 inmates were housed in other state or federal institutions. The number has since dropped to about 3,318 inmates.

Agencies Providing Literacy Instruction in Wisconsin

Three general types of literacy services are offered in Wisconsin: adult basic education (ABE), English as a second language (ESL), and family literacy. A variety of literacy agencies and programs provide these service. The three major organizations that address literacy issues in Wisconsin are the technical college system, local literacy councils, and community-based literacy agencies. Fourteen literacy service agencies were interviewed for this book.

Recent Public Library LSTA Projects That Serve Inmate Populations

In 2001 Appleton Public Library used LSTA funds to provide monthly book talks at a nonsecure juvenile facility for teens who need out-of-home care. The same year, Eastern Shores Library System used LSTA funding to put children's books in the inmate visiting rooms in two county jails. The funds also placed books at all the juvenile facilities located in the system. The Dane County Library Service was involved with a Motheread-Fatheread project in the Dane County Jail and also provided services to a minimum-security state prison.

In 2002 the Southwest Wisconsin Library System in Fennimore used LSTA funds to place children's books in the visiting room at the Prairie du Chien Correctional Facility. Wisconsin Valley Library Service in Wausau provided a core collection of materials at the Marathon County Juvenile Facility and also placed materials at a shelter for teens.

In some states, federal funding for literacy efforts goes directly to public libraries or includes libraries, but in Wisconsin, most federal literacy dollars go to organizations that provide work placements and to the technical colleges. The technical colleges offer classes taught by paid instructors. Many of the technical college students are working to complete their general equivalency diploma (GED) or high school equivalency diploma (HSED). Other students are taking general ABE or ESL classes. Some of these students may also have a volunteer tutor assigned to them by the local literacy council or community-based organization.

Literacy councils are typically organized in larger communities and receive funding through various sources, such as Temporary Assistance to Needy Families (TANF) to address the educational skills needed for employment. The larger councils usually have a paid director and staff who teach classes; they may also use volunteer tutors. The councils typically provide tutor training and may also offer the training to the tutors of other area community-based organizations.

Literacy community-based organizations (CBOs) are primarily volunteer staffed and have little funding outside of the money they raise themselves. The two major umbrella organizations for most CBOs were Laubach Literacy International and Literacy Volunteers of America. These two agencies are in the process of merging and will become an agency called Proliteracy Worldwide.

The literacy services offered by the CBOs, literacy councils, and some technical colleges may include services to county jails and state or federal prisons, as well as detention facilities for teens. They may have outreach services in specific areas around the state that have high populations of people who use English as a second language, such as migrant housing camps. Some have on-site classes for businesses that employ large numbers of non-English-speaking people, such as canning or meat-processing factories.

Early childhood programs such as Even Start and Head Start may provide adult literacy instruction, as do some private organizations and private schools. Many social service agencies that serve minority populations have literacy, basic English, and citizenship classes. Job placement services may pay for literacy services, but work is emphasized over education in Wisconsin's W2, the redesigned welfare program. Occasionally, public school districts offer adult literacy instruction. Some larger businesses offer literacy instruction as part of their overall employee education programs or target some employees for ESL instruction. Several universities offer English-language classes for faculty or for spouses of students. Even with all of these agencies providing services, it is not unusual for students to wait 3 to 12 months to be matched with a tutor, especially in urban areas.

The Role of Public Libraries

In many states, public libraries provide direct adult-literacy instruction. They may establish and coordinate local literacy councils. These libraries often have paid staff who teach or direct literacy instruction and activities. In some situations, the libraries receive federal funding targeted for literacy; in others, the libraries find their own funding. Literacy instruction in public libraries is not the norm in Wisconsin. In a small number of communities, local literacy councils or CBOs were established by the public library or are managed by library staff. Few Wisconsin libraries offer direct adult literacy instruction. When they do, it is usually a family-literacy project done in collaboration with a local literacy provider. In the past five years, some of these programs used LSTA funding to pay for family-literacy activities that were targeted at families who use English as their second language. Several literacy council offices are located in public libraries but operate independently.

Bosnian Family Literacy Project in Stoughton

When a significant number of Bosnians arrived in Stoughton as war refugees in 1999, the local literacy council and social service agencies provided adult literacy classes at the public library. In anticipation of the arrival of more refugees, the public library wrote an LSTA grant for funds to purchase materials in the Bosnians' native language, as well as English instructional materials. Staff worked with the public schools to provide after-school tutoring at the library.

Results of the Survey of Library Services to Adults with Special Needs

Special Needs Survey Questions on Literacy

Question	Number of Libraries Responding Yes	Percentage
• Had contact information about local literacy providers at the library.	154	53%
• Provided space regularly for tutors and literacy students or for tutor training.	151	52%
• Had an adult literacy or ESL collection.	134	46%
• Made either a tutor or student referral to a literacy provider.	134	46%
• Consulted with other libraries or systems about literacy issues.	119	41%
• Added materials in Spanish.	112	38%
• Publicized literacy issues at programs, in a newsletter, or in training sessions.	77	26%
• Allowed the library phone number to be used by local literacy council.	67	23%
• Created a service brochure describing literacy resources.	63	22%
• Added materials in a language other than English or Spanish.	61	21%
• Conducted a tour, orientation, or open house for adult or ESL students.	55	19%
• Included a periodical or newsletter for adults who do not read well.	53	18%
• Sent staff to training on assisting people who have ESL needs.	48	16%
• Was a member of the local literacy council or coalition.	48	16%
• Sent staff to training on adult literacy.	45	15%
• Library card application forms available in a language other than English.	39	13%
• Created a service brochure in a language other than English.	31	11%
• Included a periodical or newsletter in a language other than English.	29	10%
• Had a Web page with links to literacy providers.	26	9%
• Included literacy providers in a planning process.	23	8%
• Included providers of ESL instruction in a planning process.	20	7%
• Had a Web page with links to ESL resources.	20	7%
• Translated program flyers into a language other than English.	10	3%
• Translated meeting notices into a language other than English.	3	1%

Note: In 2002, 293 of Wisconsin's 380 public libraries completed the survey, a 77 percent response rate. See chapter 12 for the complete survey and a summary of the results.

Barriers to Service

Literacy agency interviews indicated that some of the barriers that keep people from using libraries include a lack of access to reliable transportation to get to a public library, the library's location, availability of parking, and hours the library is open. General anxiety about government institutions can also stop some people from using a library, especially if they do not speak English. They may not be familiar with the concept of a public library, and they may fear filling out any government forms. People with low literacy skills may not have experience with libraries or computers, and knowing they will have to use a computer can discourage public library use.

English speakers may be embarrassed about their low reading skills and avoid libraries to prevent people from knowing they cannot read well. Because they do not read and are not library users, they may not know of the library's nonprint resources or the print materials that could help them learn to read. For some families already stressed by daily demands of just coping with life, adding a library return deadline to their already-complicated lives is impossible.

Fines and replacement costs of materials can prevent people living in poverty from using a library. Any alternative method to work off fines or earn back library privileges is often appreciated.

Not surprisingly, language is a huge barrier to public library use for people who do not speak English. Some people from cultures such as the Hmong are non–print oriented and do not know that libraries contain items besides books. Many adults who do not speak English well fear that they will not be able to ask for help, that they will not be able to understand the questions the librarians ask, and that the library will not have any materials in their language.

Planning and Collaboration

A general consensus among the agencies consulted was that it is difficult to involve people with low-level literacy skills in public library planning. They are typically not library users and may not have the self-confidence to participate in a formal planning process, or may not have an understanding of the concept of public libraries. This problem is compounded when the people do not speak English or come from cultures with no tradition of public access to free libraries. In these cases, the agencies could offer assistance. Some indicated that they would be willing to help their clients complete a survey for the library or gather a focus group. Librarians are encouraged to go where the students are and offer to serve on the boards of the local literacy providers. Agencies may also be able to recommend a successful adult student who could give some insights into the long struggle of learning to read as an adult. Social services agencies for immigrants and United Migrant Opportunity Service staff were suggested as possible contact agencies to assist in planning for the needs of adults who do not speak English.

Because most public libraries do not offer direct literacy instruction, it is critical that they become part of the literacy network. One suggestion was for the development of a statewide partnership between libraries and literacy providers. Literacy providers point out that tutors often bring their students to the library and help them get a library card, which the students might not do on their own. Without collaboration, it is difficult to get adults to come to the library. When families who use English as their second language are involved, working with agencies can be a good way to get the parents to begin visiting and using a public library. The following agencies could be involved:

- Refugee service agencies
- United Migrant Opportunity Service (UMOS)
- Asian PTO associations
- Schools

Staff Training

Staff training in literacy should include general literacy issues and tips on how to interact with people who may not be able to read well, who are members of a minority group, or who use English as a second language. Because some people who have disabilities also have low literacy skills, it is important that staff be comfortable assisting people with disabilities. Staff can routinely offer assistance to people who have difficulty completing forms. If people seem hesitant to write even after they have been told what information needs to be on the line, staff can ask them if they would like the librarian to write the information for them. This is done routinely in many grocery stores for people who cannot write out checks.

Librarians should not hand someone who cannot speak English well a form to complete in English, direct them to an online catalog, or give them directions in English. Instead, try using a charadelike approach to assess their needs and walk the person to the area they need. A smile is the same in every language. Respect for other cultures should be reflected in every transaction with the public and be a core value for all staff.

Librarians can invite local literacy providers to do an in-service for their staff and trustees. Staff people are likely to benefit from attending annual literacy conferences, training sessions offered at state or national conferences, or training offered through the regional library system. It is often helpful if the staff are trained to identify basic reading levels so that they can recommend books adult new readers can read to their children. Courses on emergent literacy and beginning readers offered by the Cooperative Children's Book Center (CCBC), often using distant education technologies, can be extremely helpful for both adult and youth services staff. Local reading specialists can also be asked to provide some training in this area.

Two Wisconsin Libraries Use the Prime Time Family Literacy Program

The Vaughn Public Library in Ashland and the Appleton Public Library used LSTA funds and humanities grants to begin Prime Time Family Literacy programs at their libraries. Prime Time is a reading discussion and storytelling series founded by the Louisiana Endowment for the Humanities and offered in partnership with the American Library Association. Prime Time is designed to help families with literacy needs bond around the act of reading and learning together. It teaches parents and children to read and discuss humanities topics, aids them in selecting books, helps them become active library users, and improves critical-thinking skills.

Prime Time involves extensive collaboration between a library and numerous other agencies. The schools or literacy councils help identify potential families for participation. Hmong translators were recruited through social service agencies. "Scholars" from either the university or local school district were involved, as was a storyteller.

Appleton is the only Prime Time program in the country that is targeting Hmong families who use English as a second language. Both libraries report tremendous success with this collaborative family literacy project.

In 2003 five other libraries will join Appleton and Ashland in providing Prime Time Family Literacy projects, using LSTA funds.

In 2002, when Wisconsin Literacy, Inc., the umbrella organization for literacy councils, initiated its "900 Tutors in 90 Days" recruitment campaign, the DLTCL sent the information and recruitment bookmarks to all the regional systems. Libraries were asked to assist with this statewide initiative by placing the bookmarks with materials their patrons checked out.

Libraries can include literacy providers in planning when sponsoring a reading event, especially for children, such as National Library Week, a Dr. Seuss Day, or the start of a summer reading program. They can invite literacy groups to meet at the library occasionally or host an open house for groups to celebrate literacy events at the library.

Collections and Services

The agency interviews identified specific types of materials and services needed to support literacy efforts. Libraries should have a good collection of adult literacy materials in print, video, and audio formats, as well as software programs for adult students. Having the materials in-house, rather than having access to them on a shared catalog system, is important. Adults who cannot read well are not likely to understand how to search an electronic catalog or find what they want and place a hold on it, and they are unlikely to ask for assistance. The problem is compounded when the person does not speak or read English. It is also difficult to leave messages or to explain to non-English speakers that the library has the materials they requested.

A good collection of non-English and bilingual adult literacy materials, especially in Spanish, is needed in some libraries, as dictated by the local population demographics. Libraries should make this decision based on the demographics and not wait for the people to become library users before investing in materials of interest to them. People who do not speak English may very much appreciate reading materials in their own language, listening to music from their homeland culture, and watching videos in their own language. These types of materials are not typically carried by the traditional library supply sources. But they are often readily available in local grocery stores that specialize in ethnic foods. Asian and Mexican grocery stores, especially, often carry a wide variety of videos and music on CD and cassette, and the store staff can often offer selection recommendations.

Informé

Lakeshores Library System used LSTA funding to subscribe to Informé, an on-line database of 50 magazines and newspapers in Spanish. Member libraries were then able to use this resource at the local level.

It is helpful if the materials in other languages are housed together in one area, if possible. Adults who are learning to read often are motivated by their desire to read to their children. It is important that they be able to find children's books they can read. The CCBC has excellent bibliographies on trade books with interesting story lines that are easy to read. Many adults who do not speak English can read in their own language, but their children are likely to read only in English if they are attending American schools. Bilingual picture books are helpful for these families because the adults can read in their native language and the children can read in English. Materials of this type are readily available in English and Spanish but harder to find in other languages.

Adult picture dictionaries are often bilingual and come in many different languages. Materials intended for middle school or high school students with learning disabilities labeled "hi-low" (high interest, low vocabulary) may be of interest to adults. Literacy providers recommended that libraries own bibliographies that would help adults identify these materials. Many literacy providers use simple poetry with adults, so collections of short poems are appropriate for the adult literacy area. Links to literacy Web sites should be included on the library's Web page.

Adult learners appreciate recorded books, especially if a print copy is available. Abridged recordings of classic books are often popular. Some publishers pair a recorded book with a large-print copy, which is especially useful for adults who have learning disabilities or vision impairments. Libraries also need instructional materials for tutors to help them plan lessons and find appropriate materials for their students. Bilingual staff and reference services, recorded messages in languages other than English, and answering machines that will be answered by bilingual staff can be extremely helpful for non-English-speaking patrons.

Electronic Translators and Translator Pens

The South Madison Branch Library is located in a neighborhood rich in cultural diversity. It is an entry point for many people coming to Madison, especially those who speak languages other than English. With the help of the regional library system, the library purchased electronic translators for circulation. These small calculator-type devices translate words from English into other languages, or from one language into English. Some have a feature that speaks the word aloud in either language. The text-reading feature is useful for people who cannot read well and who may need a word pronounced so they can recognize it in print, or for people wanting to know the correct pronunciation of a word in English. Some of these translation devices include several languages. They are very popular with people who are trying to learn to speak English. They are also used by people who speak English but who are trying to learn a foreign language. English-speaking travelers may take them on their trips to other countries. This is another example of an adaptation intended for use by a group that has a special need but that benefits the larger community as well.

A related device is a penlike tool that is run over a word or short group of words in one language, which is then translated into English, or from English to another language. The South Central Library System assisted with the purchase of these devices, using family-literacy grant funds, as an experiment to determine the practicality of circulating such tools in a public library setting. The South Madison Branch reports that both English-speaking and non-English-speaking patrons are excited about the devices and that they are circulating well.

Students need books, videos, and software to help them study for their GEDs and HSEDs. It is important that the library have only materials relating to the new national GED test released in 2001 because there are significant differences in the tests and how students should prepare for them. Several literacy agency professionals have urged public libraries to remove old test preparation materials because using an approach in math that is not used on the test, for example, can seriously affect a student's test score.

Other suggestions included obtaining materials in these areas:

- American history books that parents with low reading levels could study with their children, as well as parenting materials written at low levels.
- Citizenship study materials in English and other languages.
- Financial literacy information.

Because some people with disabilities may have low literacy skills, adaptive media such as closed-caption videos for people with hearing impairments are very useful. These items may also be useful for people who do not have hearing loss but who may have learning disabilities or who are learning English. Users can follow along by reading text as well as getting visual clues from the videos. Additional suggestions for adaptive equipment are included in chapters that address specific disabilities.

Services, as well as materials, should address literacy needs in a public library. Suggestions include the following:

- Tutor bibliographies.
- Bibliographies for adults studying for their GED.
- Bibliographies in languages other than English that promote the library's resources in these areas. Information on the library's hours, a phone number for a bilingual staff person, and a number where a message can be left to be answered in the person's native language are all helpful.
- Story hours and family programs in languages other than English.
- Basic computer skills classes, taught in languages other than English.

- Informational signs and forms translated into other languages.
- Book discussion groups for beginning readers.
- Adult book clubs that offer encouragement or rewards of interest to adults for reading, much as they do for children or for family reading programs.

One suggestion was for librarians to meet or greet people at the door, welcome them to the library, and offer assistance immediately to avoid having people wander around looking for the right person or desk to ask for assistance. Interviewees stressed that all patrons should have a good experience at the library in terms of customer service. Some literacy providers like to bring their classes to the library for instruction on library organization, shelf location, and on-line catalog use. This is an excellent opportunity to extend a friendly welcome and demonstrate good customer service techniques.

Literacy providers noted that an important niche for public libraries is family literacy. The library has both the materials and the programs that may entice parents to come to the library with their children, read with them, and assure their children have access to reading materials. They felt that schools, day care providers, Head Start, and Even Start are important partnering agencies for public libraries in this initiative to break the cycle of illiteracy.

Accessible Buildings and Services

Recorded Message in Spanish

The Mead Public Library in Sheboygan recorded a message in Spanish that repeated the basic library information and invited people to leave a message in Spanish to be answered by their bilingual aide. The aide worked with other staff to answer reference questions. This was part of an LSTA-funded project.

Issues of building accessibility are important to consider because some of the people who have literacy needs also have disabilities. This accessibility includes the building, bathrooms, meeting rooms, and workstations. Adaptive technologies such as a screen reader and enlarger, which were originally designed for people with vision impairments, can be very useful to people with learning disabilities and for people trying to learn to speak and read English. Users can follow along with the spoken text and improve their comprehension and pronunciation skills. Having a TTY at the library is essential for people who have hearing impairments and who also have low literacy skills to call to or from the library. Additional suggestions on accommodations are included in other chapters that address particular disabilities.

Marketing

Libraries must give attention to in-house marketing of materials for adult new readers. Make the materials easy to find—it is often helpful if they are in one area. There should be good signage, but, as one interviewee suggested, use wording such as "Adult Information" or "Find What You Need Here," rather than "Adult Literacy Materials." Placement is important. If the collection can be placed near other collections or displays of information of general interest to adults, people who cannot read well will feel more comfortable going to this area to find materials they can read, rather than if they have to go to an area that readily identifies them as having literacy needs.

Help People Find ESL Materials Easily

One library hung a string of international flags over the area with materials in other languages to help visually identify what was in the collection.

Two important considerations in marketing to people who have literacy needs are to "cross-market" and "target" services. It is useful if libraries and literacy agencies get on each other's mailing lists. Public libraries need to help advertise the needs and activities of the literacy agencies, and the literacy agencies need to help promote library activities and services with their clients. Most literacy agencies have a newsletter and may be willing to carry information about library services and activities.

It seems obvious, but library marketing must take into account that the targeted audience is not print oriented. If print materials are used, the typeface should be large and the text extremely simple. Video, overhead, or Power Point presentations that are very visual may be more appropriate than print handouts for presentations.

There are only limited materials that are of specific interest and use to adults who do not read or speak English well. Therefore it is important to use target-marketing techniques. Librarian should not expect their general services brochures or presentations to be specific enough to encourage people with low literacy skills to use their services. Brochures written with very simple vocabulary and grammatical structure are needed. Librarians can create specific materials and presentations that give these patrons a reason to come to the library. Literacy providers noted that outreach efforts, such as a librarian going to a location to meet people who have literacy needs, may be more effective than inviting them to events at the library. Librarians can send information to, or ask to visit, classes at technical colleges or at literacy councils.

If the targeted audience does not speak English, all print materials should be appropriately translated. Word of mouth is the best way to market services to non-English speakers. But that can work against a library if the staff is not trained to make an effort to welcome and assist people who do not speak English when they do visit the library. Libraries should be familiar with alternative radio and television stations that serve specific populations such as the Hmong and Hispanic. There are Web sites that post information for local ethnic groups in some communities, and libraries should consider using them.

Churches with services for non-English-speaking families, social service agencies, laundromats, and specialized grocery stores are all good places to post information for people who do not speak English. Food pantries, homeless shelters, free-meal sites, free clinics, Women, Infant, and Children (WIC) sites, and thrift stores may also be good places to post library information for both the ESL population and for people living in poverty. Libraries can send information to social service agencies serving these populations. Additional agencies that might work with the library include Head Start, Even Start, Hmong associations, and other social service agencies serving immigrants and people living in poverty.

Libraries can celebrate ethnic holidays and host programs at the library for the general public that will help educate the community about a particular group or culture. Food, music, and dance programs are often universally appreciated and appeal to all ages.

A Librarian Successfully Targets a Hispanic Migrant Housing Camp

The librarian at the Jane Morgan Memorial Library in Cambria, a community of under 700 people in central Wisconsin, noticed in the late 1980s that although the population of the community doubled each spring with the arrival of several hundred Hispanic migrant workers and their families, she rarely saw them in town. These workers had been coming to the area for many years but were an almost-invisible population. They were housed in trailer homes on the edge of town that were owned by the canning companies that employed the workers. The children were bussed to and from summer school classes but never came into town at other times. The librarian would occasionally see some of the families at the grocery store, post office, or rummage sales but rarely in the parks, churches, restaurants, or the library.

With a succession of grants—LSTA and others—the library targeted services for this population. It started by moving the performers for the summer library program to a park near the school and rescheduling them for noon. This allowed the children from migrant families to attend with the town children and eat their lunches during the program. The school brought the children to the library to get cards and check out books. The librarian made weekly visits to the housing camp and did programming on the lawn for the children.

The first year, the children used the library, but none of the adults came. The second year, children proudly showed that they had kept their library cards during their moves to Texas and back to Wisconsin. Grandparents began to come to the library. The most popular items were videos—many families brought video players to the camp with them. The third year, when librarian, Jeanne Radke, arranged for ESL classes to be taught at the library, adult workers started to use the library.

For many years, the librarian continued the weekly programs on the lawn of the housing camp. She encouraged community leaders to join her in reaching out to the migrant workers' families. There was a gradual change in the whole community.

A little over a decade later, Hispanic migrant families are seen everywhere in town. They come frequently to the library. The community parade now features an entry of the Hispanic workers and their families, dancing to their own music in traditional costumes, proud of their heritage. There are two menus at the community festivals. One in English offers hot dogs and hamburgers; the other is in Spanish and offers tacos and fajitas. The women in the kitchen work side by side, communicating with each other even though they do not speak the same language. An invisible population has become accepted and valued for more than just their hard work in the local factory; they became an acknowledged and welcomed part of the community. The community recognizes the role the library played as being a catalyst for this change in the community.

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Additional Resources

National General Adult Literacy Organizations

American Library Association. <www.ala.org>; 800-545-2433 or 888-814-7692; 312-944-7298 (TTY); 50 E. Huron, Chicago, IL 60611.

Adult Literacy @ Your Library. <www.ala.org/literacy/links.html>.

Leading the Way for Literacy. <www.ala.org/pio/factsheets/alaleading.html>.

Literacy in Libraries across America. <www.ala.org/literacy/about.html>.

Office for Literacy and Outreach Services. <www.ala.org/olos>.

Roads to Learning—The Public Libraries' Learning Disabilities Initiative. <www.ala.org/roads/>. The basics of learning disabilities are explained at this site, which is maintained by the Association of Specialized and Cooperative Library Agencies.

Services to New and Non-Readers. <www.ala.org/olos/resources/nonreaders.html>.

21st Century Literacy @ Your Library. <www.ala.org/work/literacybrochure.html>. This brochure gives an overview of literacy and the need for public libraries to be involved in addressing the problems.

Dave's ESL Café. <www.eslcafe.com>; Fax: 818-713-9113; 22287 Mulholland Highway #381, Calabasas, CA 91302-5157. The Internet's meeting place for ESL and EFL students and teachers from around the world.

Laubach Literacy International (LLI). <www.literacyvolunteers.org>. See Proliteracy Worldwide.

Literacy Volunteers of American (LVA). <www.literacyvolunteers.org>. See Proliteracy Worldwide.

National Institute for Literacy (NIFL). <www.nifl.gov>; 202-233-2025; 1775 I Street NW, Suite 730, Washington, DC 20006-2401. A federal government organization leading a national effort toward full literacy in the United States, providing high-quality regional, state, and national literacy services.

Orton-Gillingham. <www.orton-gillingham.com>; 800-646-9788 or 248-646-2872; Institute for Multi-Sensory Education, 1000 S. Old Woodward, Suite 105, Birmingham, MI 48009. A national company that uses a revised Orton-Gillingham multisensory method of language instruction.

ProLiteracy Worldwide. <www.proliteracy.org>; 800-448-8878 or 315-422-912; 1320 Jamesville Avenue, Syracuse, NY 13210. A merger of Laubach Literacy International and Literacy Volunteers of America created this new organization.

Steck-Vaughn. <www.gedpractice.com>; 800-531-5015; 10801 N. Mopac Expressway, Building #3 Austin, TX 7875. A major publisher of adult literacy materials, this site allows adult students to try test questions for the GED tests.

National Family Literacy Organizations

American Library Association. <www.ala.org>; 800-545-2433 or 888-814-7692; 312-944-7298 (TTY); 50 E. Huron, Chicago, IL 60611.

Fact Sheet: Family Literacy-Helping Parents Help Their Children. <www.ala.org/pio/factsheets/familyliteracy.htm>.

Prime Time Family Reading Time. <www.ala.org/publicprograms/primetime>. ALA's site on the Prime Time reading and discussion series for families.

Barbara Bush Foundation for Family Literacy. <www.barbarabushfoundation.com>; 202-955-6183; 1201 Fifteenth Street NW, Suite 420, Washington, DC 20005. This foundation supports family literacy projects to break the cycle of illiteracy.

Family Literacy: Directions in Research and Implications for Practice, Office of Library Program, U.S. Department of Education. <www.ed.gov/pubs/FamLit/>; 555 New Jersey Avenue NW, Suite 400, Washington, DC. Papers from a symposium on family literacy that took place in January 1996.

National Center for Family Literacy. <www.famlit.org>; 502-584-1133; 325 W. Main Street, Suite 300, Louisville, KY 40202-4237. An organization supporting family literacy services throughout the United States with training, research and advocacy.

National English as a Second Language Organizations

National Center for ESL Literacy Education. <www.cal.org/ncle>; 202-362-0700, ext. 200; 4646 Fortieth Street NW, Washington, DC 20016-1859. Provides resources on ESL and maintains a listserv for tutors and students.

REFORMA (National Association to Promote Library Services to the Spanish-Speaking and Latinos, an affiliate of the American Library Association). <www.reforma.org>; P.O. Box 832, Anaheim, CA 92815-0832. List of Wisconsin libraries with items in Spanish on their Web sites is at <www.reforma.org/spanishwebsites.htm#WI>.

Wisconsin Organizations

Adult Education/Literacy Office. <www.board.tec.wi.us/Grants/aefl/AEFL.htm>; 608-266-1770; Wisconsin Technical College System Board, 310 Price Place, P.O. Box 7874, Madison, WI 53707-7874. Provides coordinating services to the programs within the Technical College System that provide literacy services.

Key Newspaper. <www.keynews.org>; 414-297-6794; 700 W. State Street, FH6, Milwaukee, WI 53233-1443. A service of the *Milwaukee Journal Sentinel* and Milwaukee Area Technical College, it is a newspaper that includes current events written at low reading levels.

LDA of Wisconsin–Learning Disabilities Association of America. Joan Sanicola, copresident, 1446 Baytree Lane, Neenah, WI 54956.

Literacy Services of Wisconsin, Inc. <www.literacyservices.org>; 414-344-5878; 724 W. Wells Street, Milwaukee, WI 53208. This agency provides services to 160,000 functionally illiterate adults who live in the Milwaukee area.

Wisconsin Department of Corrections. <www.wi-doc.com>; 608-240-5000; 3099 E. Washington Avenue, P.O. Box 7925, Madison, WI 53707-7925.

Office of Correctional Education. 608-240-5142. Provides coordination for the literacy services within the Wisconsin correctional institutions.

Wisconsin Department of Industry, Labor, and Human Relations. <www.dwd.state.wi.us/we/>; 608-266-1340; P.O. Box 7891, Madison, WI 53707-7891.

Wisconsin Department of Workforce Development. <www.dwd.state.wi.us>; 608-266-3131; 201 E. Washington Avenue, P.O. Box 7846, Madison, WI 53707-7946.

Governor's Work-Based Learning Board. <www.dwd.state.wi.us/gwblb/>.

Human Resource Investment Council. <www.dwd.state.wi.us/dwdwia/wia/WIA%20State%20Council.htm>.

Wisconsin Department of Public Instruction. <www.dpi.state.wi.us>; 800-441-4563; 125 S. Webster Street, P.O. Box 7841, Madison, WI 53707-7841.

Family Literacy. <www.board.tec.wi.us/wlrn/evenstar.htm>; 608-267-9141; Family Literacy consultant.

GED State Office. <www.dpi.state.wi.us/dpi/dlsis/let/gedhsed.html>; 608-266-1723; GED consultant.

Public Library Literacy Programs. <www.dpi.state.wi.us/dpi/dlcl/pld/special.html>; 608-267-5077. Special Needs consultant.

Wisconsin Division of Vocational Rehabilitation. <www.dwd.state.wi.us/dvr/>; Central Office: 608-243-5600; 888-877-5939 (TTY); 2917 International Lane, Suite 300, P.O. Box 7852, Madison, WI 53707-7852. Oversees numerous programs related to employees and employers involved in helping people with special needs find and keep employment.

Wisconsin Technical College System Board. <www.board.tec.wi.us>; 608-266-1207; 608-267-2483 (TTY); P.O. Box 7874, 310 Price Place, Madison, WI 53707-7874.

Adult Basic Education. <www.board.tec.wi.us/wlrn/>; 608-267-9684.

Wisconsin Family Literacy Initiative. <www.wifamilyliteracy.org>; 877-534-4978 or 608-266-1207; 608-267-2483 (TTY). Tries to unify, improve the quality of, and expand family literacy services in Wisconsin. It is coordinated by the Wisconsin Technical College System Board.

Wisconsin Literacy Resource Network (WLRN). <www.board.tec.wi.us/wlrn/>; 608-266-3497. Provides information to literacy service deliverers throughout the state. Coordinated through the Wisconsin Technical College System Board.

All Web sites listed in this section were accessed in November 2002.

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Getting Started with Little Money and Time: Literacy

The following are some ideas for public libraries to use when designing literacy services.

Breaking Down Barriers

- Greet every person who comes into the library with a smile, especially if they seem to be speaking a language other than English.

Planning and Collaboration

- Ask someone in the community to translate the signs on the library door such as hours, the card application forms, and basic library brochures into a language other than English.
- Draft a short article or make a list of the materials the library currently has that might be useful to adult new readers or adults who are learning to speak English. Then call or stop in and introduce yourself to the major literacy providers in your community. Find out if they have a newsletter, and ask if they will print your article or list in their next edition. Ask if there is anything they would like included in the next edition of the library's newsletter.
- Collect free information brochures from social service and health agencies that are translated into other languages and put them out at the library.
- Make a bibliography of the adult literacy materials and ask the local technical college alternative education departments or other local literacy providers to distribute it for you. Be sure to include materials that may be housed in different parts of the library, such as with videos, recorded books, or juvenile collections of hi-low materials.
- Make a bibliography of materials of interest to a population that uses English as its second language. Ask someone in the community to translate the bibliography as a volunteer project. If it is in Spanish, the middle school or high school Spanish teacher may be willing to do this for the library. Ask local literacy agencies, social services groups, or churches serving this population to distribute copies for the library.

Staff Training

- Send at least one staff person to the next literacy training session sponsored by the library system or state literacy conference.

Collections and Services

- Weed the collection of all GED materials with copyrights prior to 2001, when the newest national test was released. This is a situation where wrong or dated information is harmful and "no information is better than bad information." Throw away the dated materials, even if the library cannot afford at this time to replace them.

Accessible Buildings and Services

- If the library has materials in a language other than English, gather them on one shelf or area and put up reproductions or small flags of the countries that use that language to give patrons a visual reference.
- Look carefully at the library's basic services brochure. Try identifying words that could be simplified, and rewrite the brochure using a very basic sentence structure for adults who cannot read well.

Marketing

- Plan to put up a display and identify materials to use to celebrate Hispanic Heritage Month in September or the Mexican celebration of Cinco De Mayo on May 5, Hmong New Year (the date fluctu-

ates but usually falls between Thanksgiving and January—any agency that serves the Hmong community can identify the date for the local celebration), or any other important festival for a non-English-speaking population in your community. Celebrate International Literacy Day (www.reading.org) in September and Family Literacy Day (www.famlit.org) in November.

All Web pages listed here were accessed in November 2002.

Poverty

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Today there is a growing disparity between the poor and the rest of the population in the United States. Although between 1979 and 1999, the average national family income doubled, the median hourly wage increased by only 60 cents. This means that those people who benefited most from the economy were clustered in the higher income brackets. Often, the people in the lowest income brackets do not have the job skills or access to training to prepare them for the types of jobs that are available in a high-tech society.

Fight Hunger Wisconsin, a consortium of agencies, educational institutions, and businesses working on state hunger needs, reports that the poverty rate for the state in 1999 was 8.6 percent, the thirteenth-lowest rate in the country (Fight Hunger Wisconsin 2000). And although welfare rolls have been reduced since welfare reform was enacted in 1996, Wisconsin's poverty rate has remained stable.

According to a *Media Transparency* article on Wisconsin Works (W2), Wisconsin's welfare reform project, W2 resulted in a 92 percent decline in welfare rolls from 1996 to 1997, the sharpest drop in the country (Wilayto 2002). There was a 50 percent decline from 1996 to 2000. Studies done since then have found that although people may not be receiving welfare benefits, they remain poor. According to the article, a 1998 Wisconsin Department of Workforce Development study found that 38 percent of women who left welfare were not working six months later. Of those who had jobs, 42 percent worked fewer than 40 hours a week and 19 percent worked less than 30 hours. The average hourly wage was $7.42.

According to the *Media Transparency* article, the first year of W2 had a significant impact in the Milwaukee area. The infant mortality rate rose to 17.6 percent in Milwaukee County; 37 percent of African American infants died that year. The 1999 enrollment in the federal food stamp program fell 32 percent in Milwaukee County. A 1998 investigation by the U.S. Department of Agriculture resulted in sanctions for Wisconsin because the state was failing to meet federal regulations requiring agencies to inform clients of the food assistance programs for which they were eligible.

Even those who do receive welfare benefits find that those benefits do not keep up with the cost of living. Maximum benefits for a family of three declined more than 10 percent from 1994 to 2000. In 1995 Aid to Families with Dependent Children (AFDC) constituted 28 percent of the family's income; in 2000 it had dropped to 13 percent. Long-time dependence on welfare is associated with children attending fewer years of school and low academic test scores. The Child Trends Data Bank (2002) reports that children raised on welfare are more likely to be suspended from school or expelled. More African American children than any other ethnic groups are likely to live in families dependent on welfare for long periods of time. Among other issues related to poverty in Wisconsin are unemployment, hunger, housing and homelessness, health insurance, and its effects on children.

Hunger

Fight Hunger Wisconsin issued in 2000 a "Status Report on Hunger In Wisconsin" (Wisconsin Food Security Consortium, with the Wisconsin Department of Health and Family Services 2001). The report relates the following:

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- Only 51 percent of people eligible for food stamps received them.
- Wisconsin had the fourth-lowest use of food stamps among all the states.
- Food stamp use increased 21 percent from 2000 to 2001.
- The number of people using food pantries in Milwaukee increased 30 percent between 1996 and 1999, and increased 13 percent from 1999 to 2000.

Second Harvest affiliates help collect, store, and distribute food to nonprofit agencies throughout most of Wisconsin. Funding comes from Second Harvest's budget, participating agencies, donations, and United Way funding. Second Harvest is also a recipient of federal government food surplus commodities.

Food Pantry Users in Wisconsin (2000)

Of 4,000 pantry users in 27 counties, the users have the following characteristics:

Female	75%
Families with children	43%
Single parents	33%
Seniors	19%
Employed	44%
When employed, earned less than $8 per hour	83%
Unemployed because of disability or illness	35%
Food stamp users	17%

Source: University of Wisconsin Extension (2000).

The agencies running the food pantries and food distribution centers are often churches and community food pantries in small towns. The University of Wisconsin Extension survey (2000) also showed the following:

- 77.2 percent of all the pantries surveyed reported food shortage, primarily of meat, dairy products, and breakfast foods.
- There is a serious lack of emergency food sites in the state's rural areas.
- Transportation and distances are also problems for rural food pantry users.
- Pantries have trouble being open enough hours.
- About 73 percent of pantries have no paid staff and have a continuing problem finding volunteers.
- Many volunteers are over 70 and have difficulty with lifting.

A Wisconsin Department of Health and Family Services (DHFS 2000) summary of emergency food distribution indicates the following:

- 185 state food pantries distribute food received through The Emergency Food Assistance Program (TEFAP), which is federally funded.
- 350,000 households used pantries from October 1999 to September 2000.
- About 70 soup kitchens and homeless shelters prepared approximately 1.4 million meals during this same time period.

The DHFS 2001 Annual Report on hunger explains the economy since September 11, 2001, is not as vibrant as it was. Because of the donations made to the September 11 disaster relief funds, many local charities are experiencing a decrease in charitable giving from both private foundations and individuals.

The 2000 University of Wisconsin Extension survey on hunger indicated that some people use the food pantries occasionally to get by but that more people are now relying on food pantries regularly. Most people who use food pantries do not use food stamps. Food stamps are more often used by people who are not working (usually because of a disability or disease), than by the "working poor," although many of these families would be eligible. In Sauk County, food pantries started putting food stamp information flyers in the bags of food they distributed to help make people aware of their eligibility for food stamps. More Wisconsin families were using food stamps in 2001 than since 1996, just before W2 started. This represents an increase of 21 percent from 2000 to 2001.

An economic support manager in Green Lake County reported that 36 percent of the food pantry users there were seniors. She recounted that these seniors would rather use the food pantries, or go without food, than to request food stamps. The DHFS 2001 Annual Report on hunger indicated the Wisconsin Elderly Nutrition Program is well used by seniors. The service is available to anyone over the age of 60 and their spouse, regardless of age of the spouse. Participants are asked to donate what they can afford to pay, but no one is denied services if they cannot contribute. In 2001 the program served 5,396,000 meals, distributed at senior centers and meal sites, and delivered directly to homes. The need for home-delivered meals has grown in part because of the increased number of seniors who are living at home instead of in nursing homes and because of shorter hospital stays.

Homelessness

The following factors contribute to homelessness in Wisconsin:

- Lack of low-cost housing throughout most of state
- Lack of affordable housing located near new jobs
- Difficulty finding employment that pays a living wage
- Lack of public transportation from inner cities or rural areas, where the majority of low-income housing is available, to suburban areas, where most new service jobs are located

A recent report by the Wisconsin Council on Children and Families (2002) emphasizes the need for decent housing to keep a steady job, and a steady job is needed to pay for decent housing. It is estimated that 20–30 percent of people who are homeless have jobs. But for those looking for work, shelter living makes finding employment very difficult because the shelters often lack a number of items:

- Telephones, making it difficult to follow up on job leads or to receive notification of an interview
- Facilities for bathing
- Laundry facilities
- Storage

People who are homeless often face discrimination not only in employment but also at public libraries. Without a home address, many libraries do not issue borrowers' cards.

Library Cards for People without an Address or ID

Public libraries in Fond du Lac, Milwaukee, and La Crosse all issue temporary cards for anyone who does not have ID or an address. The card limits the number of items checked out to between two and five items. Appleton and Kenosha libraries allow people to use a homeless shelter address to get a library card.

Judy Wilcox, chief for special needs housing at the Wisconsin Department of Administration, calls homelessness a "growth industry" in Wisconsin. According to a *Green Bay Press-Gazette* article (Kneiszel 2001), nearly every shelter in the state reported higher-than-normal demand in 2001. In 2002 the Madison Department of Planning and Development reported the following statistics:

- Eight homeless shelters served 3,437 people during 2001.
- 434 were single women.
- 1,021 were single men.
- 576 families were sheltered.
- The shelters turned away 1,357 people because of lack of space.
- On any given night in Dane County, 1,300 people are homeless, half of whom are children.
- Before shelter users sought public shelter, 58 percent of the families, 56 percent of the women, and 54 percent of the men reported that they "doubled up" with friends or family members.
- 15 percent of families, 17 percent of women, and 28 percent of men lived in a vehicle or on the street before they asked for shelter.

Nationally, about one-third of all homeless people have a serious mental illness. Studies indicate that supportive housing for people with mental illnesses is effective in meeting their needs, preventing them from living on the streets, and aiding them in their recovery. The support includes access to mental and physical health care, education and employment training, peer support, as well as daily living and money management skills.

Ron DelCiello from the House of Mercy homeless shelter in Janesville reported that its clients are having a harder time finding jobs as the economy worsens. Those who have jobs earn wages that do not keep up with the cost of living. The reasons for shelter use include a relationship breakup, a landlord finding out that there are more people living in an apartment than allowed, and no money to pay the rent.

The *Green Bay Press–Gazette* article (Kneiszel 2001) highlighted the problems of the Green Bay area homeless shelters as of 2001:

- Shelters in Green Bay turned away hundreds of individuals and families.
- Many people who are homeless work full time but cannot cover rent when unexpected medical or repair bills come along.
- A worker in Green Bay must earn $10.83 per hour working full time to afford a two-bedroom apartment.
- If they make $5.15 per hour, which is minimum wage, they will need to work 84 hours a week to afford the same apartment.

Homelessness affects rural parts of Wisconsin as well as urban areas. The 10-county region served by the Northeast Wisconsin Community Action Program experienced increased demand for hotel vouchers in rural areas. There were 50 requests in the first quarter of 2001, 97 in the second quarter, and it was anticipated that third-quarter demand would be in the hundreds. There has also been increased use of food pantries in rural areas. A poor economy hurts tourism in the northern parts of Wisconsin where there are not many other job opportunities.

Although information on seniors who are homeless in Wisconsin is not available, increased homelessness among seniors is reported by the National Coalition for the Homeless (1999), a result of declining availability of affordable housing and rising poverty rates for seniors. Among all households with very low incomes, one out of three with worst-case needs are those headed by seniors. Seniors who are homeless have a hard time getting around and are often in poor health. They are more likely to sleep in the streets out of fear or distrust of shelters. Almost half have been robbed, and one-fourth have been assaulted.

In Wisconsin an estimated 4,900 to 9,800 veterans are homeless or at risk. The Department of Veterans Affairs perceives a need for veteran-only housing because other veterans can better relate to the struggles that a homeless veteran faces. There are currently only four such facilities in Wisconsin, each having only between 2 and 14 beds available each.

Health Care Insurance

The 2000 Family Health Survey conducted by the Wisconsin Department of Health and Family Services (2002) provided information on health insurance in the state, including the following:

- 4 percent of the population were uninsured continuously in 2000.
- 6 percent were uninsured for part of 2000.
- Medicaid covers only about 44 percent of single-mother families.
- 61 percent of noncitizens living in the United States do not have health insurance.

People Who Were Uninsured in Wisconsin in 2000

Uninsured families living in poverty with one person employed full time	73%
Single adults living in poverty and employed full time	47%
Income less than 200% of poverty level	13%
Hispanic	16%
Native Americans	15%
African Americans	13%
European Americans	5%
Farmers	10%
Adults ages 18–24	13%

Source: Wisconsin Department of Health and Family Services (2002).

According to a report by Eleanor Cautley (2001) based on the Family Health Survey, about 68,000 children do not have medical insurance, and more than half of them live in poverty. However, the majority of these children have at least one parent who is employed full time.

The *Health Insurance Needs of Farm Families* (Wisconsin Department of Health and Family Service 2001) reported the following:

- People living on farms are significantly more likely to be uninsured than nonfarm residents.
- The rate for uninsured farm residents is 10 percent.
- Occupational risks associated with farming make their insurance very costly.
- Many farm families are not eligible for Medicaid and BadgerCare because of income related to farm equipment depreciation.
- Farmers who have access to group insurance find that the premiums may start out low but then escalate in a few years to the point of being unaffordable.
- Farmers without insurance are not likely to seek treatment for minor accidents or chronic conditions; in turn, this may lead to poor health, with economic impacts for the whole family.

Wisconsin's new SeniorCare medical insurance program is projected to provide prescription drug coverage for more than 160,000 seniors with incomes below 240 percent of the federal poverty level. Prescription drugs are not covered by Medicaid. The lack of coverage for medications forces some seniors to choose between medication and food or rent.

Parents and Children Living in Poverty

The University of Wisconsin Extension's food pantry survey (2000) found that 43 percent of the families using food pantries had children. Many of these households reported times when the children went without food. A study in *Pediatrics* magazine (Kleinman et al. 1998) demonstrated that almost all behavioral, emotional, and academic problems, especially aggression and anxiety, were more prevalent with hungry children.

In 2000, 40 percent of Wisconsin children living with a single mother were poor. Children raised in poverty suffer lasting effects including lower cognitive abilities, poorer school achievement, and impaired health and physical development. Adolescents living in poverty are less likely to graduate from high school. As adults, they have a lower occupational status and earn lower wages, making it very difficult to break out of the cycle of poverty.

The Women Infant and Children (WIC) nutrition program provides food assistance and health screenings for women with low incomes who are pregnant, recently had a baby, are breast-feeding, or have children under the age of five. During 2001 44 percent of WIC users indicated that they were "food insecure," and 20 percent were "food insecure with hunger" at least once during the year, according to a DHFS report (DHFS 2001).

Only 37 percent of schools in Wisconsin offer a breakfast program, placing Wisconsin last in the nation for school breakfast participation. In Wisconsin only 23 percent (44,156 out of 193,812) of eligible children were able to get breakfast at school. Nutritional studies indicate that children who do not eat breakfast are likely to experience problems with learning. A report by Julie Allington (2002), a Department of Public Instruction nutrition education consultant, notes the following:

- Children who ate breakfast at school showed significant gains in test scores in math, reading, and vocabulary.
- Third through fifth graders who ate breakfast at school had reduced rates of school absence and tardiness.

Nationally, the largest growing segment of the homeless population is families. Wisconsin's schools served 17,000 homeless children during the 1999–2000 school year. Almost 40 percent of the nation's homeless include families with children, most under the age of six. According to Allington's report (2002), the following characteristics are common for these children:

- They experience high rates of mental illness.
- Almost half of all homeless children are anxious, depressed, or withdrawn.
- One in three homeless children manifest delinquent and aggressive behavior.
- They experience hunger twice as often as other children.
- They are often in poor physical health.
- They are four times more likely than other children to have asthma.
- Children who experience homelessness are most likely to repeat the lifestyle with their own children.
- Children of color are at highest risk of repeating the poverty cycle.

Medicaid is the most common form of government medical insurance for children, and 58 percent of the children covered by Medicaid live in poverty. Children who do not have health insurance are unlikely to

have a regular source for, or access to, health care and are more likely to go without needed medical care and prescription medication. The *State Health Facts OnLine* (Henry J. Kaiser Foundation 2000) states that 25 percent of Hispanic children are not covered by medical insurance in Wisconsin and that 14 percent of Asian children, 13 percent of African American children, and 7 percent of European American children do not have medical insurance.

Results of the Survey of Library Services to Adults with Special Needs

Special Needs Survey Questions on Poverty

Question	Number of Libraries Responding Yes	Percentage
• Library has added materials in past three years in the areas of poverty and unemployment.	152	52%
• Library has at least one periodical or newsletter intended for people who are unemployed.	136	46%
• Library has a brochure that describes special services for people looking for employment.	65	22%
• Library staff attended training in the past three years on services for people living in poverty or those seeking employment.	24	18%
• Library Web page has links for people looking for employment.	47	16%
• In the past three years, the library has had a planning process that included people who live in poverty, or their family members or agency advocates.	23	8%

Note: In 2002, 293 of Wisconsin's 380 public libraries completed the survey, a 77 percent response rate. See chapter 12 for the complete survey and a summary of the results.

Barriers to Service

Time was most frequently mentioned in the interviews as a major barrier to public library use. Poverty and W2 keep people busy just trying to survive and avoiding sanctions. Many families living in poverty have at least one parent who works more than one job. Travel time is an added problem in rural areas. Transportation is also a serious problem for families living in poverty in both rural and urban areas that have limited public transportation. Often, libraries are not located in low-income neighborhoods in urban areas. Another barrier mentioned in the interviews was a lack of awareness of what the library has to offer.

The staff at the Dislocated Worker Program in Oshkosh noted that many of their clients have undiagnosed learning disabilities and shy away from any educational or learning environment, including public libraries. Also, because many Wisconsin families living in poverty use English as a second language or do not speak English at all, language barriers can overwhelm them in a library. Some seniors do not go to the library because they do not use computers and feel uncomfortable not being able to find what they want independently. Many people do not know that the services in a public library are free and do not perceive them as places to go for free family entertainment. Fear of fines and the inability to pay fines are two reasons families with low incomes do not use public libraries. Alternatives would be valuable.

No-Fines Policies

The library in the town of Merton has made the philosophical choice to not charge fines. Clinton also does not charge fines—just replacement costs for lost or damaged items. When new patrons ask about fines, the staff explains they nag *a lot* but don't charge anyone. The library in Viola stopped charging when someone stole the fine box. Soldiers Grove has a Hungry Hippo bank on the desk. If patrons ask how much they owe in fines, they are told that the library does not charge fines but will accept donations. The staff feel they collect more in donations from people who feel badly about keeping an item past the due date than they would if they had set fines.

The Montfort library does not charge fines or replacement costs for materials. They have a high rate of poverty in the community and feel it is more important to have these families reading than to cover replacement costs. The director estimates that the library has only lost one book under its policy. Florence County also feels it is good public relations not to charge fines or replacement costs. The only materials patrons must pay for are items borrowed from other libraries. For local items, the staff encourage patrons who have lost books to donate a new book from their home collection or to donate a video.

The Shullsburg and Benton libraries also do not charge fines, but they do ask people who return items late to donate food items for the local food pantry. That policy did not work out well in Medford, and they have gone back to charging fines. In Two Rivers, the library only accepts food donations around the Christmas holidays. But they do allow children to earn book bucks during the summer reading program, which the children can use to pay off their fines. Ashland charges fines but does not restrict borrowing privileges, so paying the fine is voluntary.

Madison, Milwaukee, Brown County, Sussex, Monona, and Beloit do not charge fines on children's materials regardless of who checked them out. In addition, Monona does not charge senior citizens any fines. Dane County does not charge fees for people in its home-delivery program.

Several libraries, including Madison, reported that they allow patrons to pay off a certain amount until the fine or replacement costs are resolved, while allowing patrons to check out some materials. In Madison this means that patrons pay a dollar off on the fine for each item they want to check out. Other libraries charge a dollar per visit.

Working Off Fines

Libraries that allow patrons to work off their fines rather than paying them see their policies somewhat as a bartering system. In Elroy, children were allowed to do odd jobs, mostly dusting, around the library to work off their fines. But they did not seem very interested. The staff allowed them to collect pop cans around the library and use that money to pay their fines. There was a little more interest in this project, especially when the young teens found out they could not use the computer if they had fines on their cards. Prescott has a written policy on working off fines that is initiated when a patron makes a request.

In Evansville, patrons have worked off fines by putting a shelving unit together, washing the library windows, and repairing the front door. The patrons seemed happy to provide these services to the library.

Planning and Collaboration

Many social service agencies indicated that they would be able to help public libraries gather a focus group to discuss services and other issues with their clients. The following are among the agencies librarians can approach for help:

- County and urban social service agencies
- Food pantries
- Literacy councils
- WIC programs
- Local homeless shelters
- County extension programs
- Boys and Girls Clubs
- Big Brothers–Big Sisters
- YMCA and YWCA programs
- Free clinics

Public libraries could also work with collaborating agencies that address hunger:

- County hunger prevention councils or task forces
- CAP agencies
- Faith-based programs such as the Salvation Army, Lutheran Social Services, Catholic Diocesan charities, and Jewish Social Services

One respondent said that at one time the local library provided gift book bags to WIC for distribution, which the staff there appreciated very much. The Polk County Health Department suggested that libraries establish small deposit collections at WIC sites, an idea that could also be helpful at free clinics and at various social service agencies.

Public libraries can offer training for social service agency staff to familiarize them with particular resources their clients may find helpful at the library. Some of these professionals could then encourage their clients to use the public library or accompany them on a library visit. Several agencies interviewed for this section indicated that the only way their clients will go to a public library for the first time is if a staff person takes them there. Many agencies report that their staff do take clients to the library to help them feel at ease and give them tours and show them the location of materials that might be of interest to them. It sometimes takes several visits before the clients feel comfortable enough to check out materials or to go to the library independently. It is important for library staff to become familiar with agency staff who visit the library with clients and to extend a warm welcome to these new library users.

Second Harvest suggested that it would benefit the general public, as well as food pantry users, if the library posted up-to-date lists of emergency food sites and homeless shelters. Another interesting idea was to have a library volunteer make up a collection of recipes that use the foods typically available at food pantries but that do not call for expensive spices and ingredients.

Staff Training

Training could help library staff understand the problems faced by people who live in poverty. Include an introduction to the various agencies in the community that act as resources for families who have low incomes. Agency staff may be willing to provide free staff training.

Public library staff also need to know when a report of child abuse or neglect should be filed and the subsequent process. Warning signs include a child left unattended at the library for much of the day or left without food or appropriate clothing. A possible technique to use when the situation is unclear is to call the local school and talk to the principal, school nurse, social worker, or guidance counselor. If a pattern of abuse or neglect is identified, the school staff can then follow up with appropriate agencies to get help for the child and family.

Collections and Services

One agency reported that the majority of clients who used public libraries primarily went there to borrow the videos and children's materials. The House of Mercy homeless shelter in Janesville noted that the summer reading program is very helpful because the shelter does not offer activities for children during the day and the library gives them something fun to do and a place to go outside the shelter.

Several agencies suggested that public libraries could host workshops on job searching, including Internet sources such as Jobnet, resume writing, and completing job applications. Instructions in completing apartment or rental applications could also be helpful.

Some libraries located in neighborhoods with a high percentage of families with low incomes are the after-school site for tutoring and activities for children. When healthy snacks are added to the activities, the programs address several needs. One WIC professional said that they refer clients to the public library to look at a database of other social service agencies.

In the summer of 2003, the DPI summer nutrition program is planning to invite libraries in communities with a high poverty rate to become a summer food site distribution center for the free bag lunches that are provided for the children. Several libraries participated in 2002.

Accessible Buildings and Services

A higher percentage of people living in poverty are in poor health. The rate of disabilities is also higher. The library's attention to accessibility issues in regard to the building itself, its services, materials in different formats, and accessible workstations and Web pages are all necessary. But perhaps one of the most important things that makes a library accessible to people living in poverty is a welcoming and respectful attitude. Free refreshments were suggested as an encouragement for people to visit the library or attend a program.

Marketing

Word of mouth may work best in a rural area. The staff at one rural county health department indicated that they have mixed results with newspaper articles and radio public service announcements. One respondent reported that because their clients do not have the money to purchase a newspaper, they rarely read one and do not rely on them for daily information. They do however pick up free newsletters and newspapers in grocery stores, so libraries may want to send announcements to these small free press publications. Interviewees said they knew the libraries had information that would be useful to their clients and that once people came to a library the staff did a good job. But the missing link seems to be getting the information about the library's services and resources to the clients. One suggestion was to have library staff present an overview of their services at an agency staff meeting and perhaps meet with small groups of clients. Public libraries could also send materials for posting or placing at agencies' bulletin boards and pamphlet areas.

The Domestic Abuse Services center in Neenah suggested that libraries set aside a few tickets to family or children's events and bring them to homeless or domestic abuse shelters. The people using these facilities may not be print oriented and not be aware of free library programs for their families. Having the shelter staff give out the tickets might encourage some residents to attend the programs. The Dislocated Worker Program in Oshkosh gave this advice: "Food, games, fun, and everything free is a draw for many of the families we serve." This agency also suggested that libraries could create an easy-to-read, attractive brochure to be handed out when people apply for food stamps, Medicaid, or W2.

The agency Everyone Cooperating to Help Others (ECHO) in Janesville stressed that programs libraries currently offer could be very helpful to families living in poverty but that libraries have to make more

of an effort to get information on their programs out to these families by working with social service agencies and sending them flyers, posters, and publications such as bibliographies.

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Additional Resources

National Organizations

America's Second Harvest. <www.secondharvest.org>; 800-771-2303 or 312-263-2303; A35 E. Wacker Dr., #2000, Chicago, IL 60601. Nation's largest domestic hunger-relief organization with a network of more than 200 food banks and food-rescue programs.

Institute for Research on Poverty (IRP). <www.ssc.wisc.edu/irp/>; 608-262-6358; University of Wisconsin–Madison, 1180 Observatory Drive, 3412 Social Science Building, Madison, WI 53706-1393. A national, university-based center for research into the causes and consequences of poverty and social inequality in the United States.

Meals on Wheels Association of America. <www.projectmeal.org>; 703-548-5558; 1414 Prince Street, Ste. 302, Alexandria, VA 22314. Provides support and leadership for organizations that provide congregate and home-delivered meals services to people in need.

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National Association of Nutrition and Aging Programs. <www.nanasp.org>; 202-682-6899; 1101 Vermont Avenue NW, Suite 1001, Washington, DC 20005. A primary leadership organization in the field of aging in shaping national policy, training service providers, and advocating on behalf of seniors.

Wisconsin Organizations

Fighting Hunger in Wisconsin. <www.fighthungerwi.com/forum.asp>. A forum to increase awareness of hunger in the state by providing a reliable, comprehensive source of information with news articles, statistics, and links.

Second Harvest Food Bank of Wisconsin. <www.secondharvestwi.org>. Second Harvest is the largest charitable food distributor in the state.

Second Harvest Wisconsin affiliates:

Hunger Task Force of La Crosse, Inc. <www.lacrossehtf.org>; 608-793-1002 P.O. Box 172, La Crosse, WI 54602-0172.

Second Harvest Food Bank of Southern Wisconsin. <www.secondharvestmadison.org>; 608-223-9121; 2802 Dairy Drive, Madison, WI 53718.

Related Agency:

Wisconsin Harvest. 608-246-4730; 1717 N. Stoughton Road, Madison, WI 53704.

Wisconsin Department of Health and Family Services (DHFS). 608-266-1865; 608-267-7371 (TTY); 1 W. Wilson Street, Madison, WI 53702.

Bureau of Income Maintenance Administration. This bureau will manage the food stamp program. Responsibility was being transferred to the DHFS from the Office of Nutrition Services and Program Integrity at the Wisconsin Department of Workforce Development at the time of publication.

County and Tribal Aging Offices. <www.dhfs.state.wi.us/aging/contacts/COAGOF.htm>. These agencies can answer questions about needs, services, and opportunities for older persons in their communities.

The Emergency Food Assistance Program (TEFAP). <www.dhfs.state.wi.us/children/hunger/TEFAP.htm>. This U.S. Department of Agriculture supplemental food assistance program works in combination with other assistance programs to maximize and target limited food and funding resources.

Nutrition and Hunger Relief Programs. <www.dhfs.state.wi.us/programs/nutrition.htm>. Lists the types of nutrition services offered through DHFS.

Wisconsin's Elderly Nutrition Program. <www.dhfs.state.wi.us/aging/Genage/ELDNUTPR.htm>. Provides meals for people age 60 or older who cannot leave their homes because of health reasons or who are physically or emotionally unable to travel for a meal with others.

Women, Infants and Children program (WIC). <www.dhfs.state.wi.us/WIC/index.htm>. Promotes the health and well-being of nutritionally at-risk pregnant, breast-feeding, and postpartum women, infants, and children, and provides supplemental nutritious foods and information.

Wisconsin Department of Public Instruction. <www.dpi.state.wi.us>. 800-441-4563; 125 S. Webster Street, P.O. Box 7841, Madison, WI 53707-7841.

Child and Adult Care Food Program (CACFP). <www.dpi.state.wi.us/dpi/dfm/fns/cacfp1.html>. Promotes healthy and nutritious meals for children and adults in day care centers by reimbursing participating day care operators for their meal costs.

Community and School Nutrition Program. <www.dpi.state.wi.us/dpi/dfm/fns/content>. Provides nutrition information and program guidance to sponsors of the various school nutrition programs, including the Child and Adult Care Food Program.

Wisconsin Department of Workforce Development (DWD). <www.dwd.state.wi.us>; 608-266-3131; 608-267-0477 (TTY); 201 E. Washington Avenue, P.O. Box 7946, Madison, WI 53707-7946.

Division of Workforce Solutions. <www.dwd.state.wi.us/dws/division.htm>. Develops and maintains employment-focused programs to help employers find the workers they need and to assist workers in finding employment.

Office of Nutrition Services and Program Integrity. <www.dwd.state.wi.us/des/onspi/>. This office managed the Food Stamp program but those responsibilities were in the process of being transferred from DWD to the Bureau of Income Maintenance at DHFS at the time of publication. It is also a liaison between DWD and DHFS, which administers the Medicaid program.

Wisconsin Nutrition Education Network. <www.nutrisci.wisc.edu/nutrinet>; 608-265-2108; 1415 Linden Drive, Madison, WI 53706. Promotes healthful and enjoyable eating so that Wisconsin's low-income individuals and families receive consistent, positive, relevant, accurate, and effective nutrition messages.

Getting Started with Little Money and Time: Poverty

The following are some ideas for public libraries to use when designing services to address poverty issues.

Breaking Down Barriers

- Greet everyone who comes into the library with a smile.
- Review library fine policy.

Planning and Collaboration

- If local food pantries or other agencies are having food, blanket, school supplies, toy, coat, or clothing drives, help publicize the activities at the library. Investigate ways the library could participate.
- If there is a summer lunch program for children who live in poverty, investigate the possibility of having the library be one of the distribution sites. Perhaps the lunches can be distributed as part of a program such as a "lunch-bunch" group.
- Consider starting a deposit collection of disposable reading materials in local homeless or domestic abuse centers, free clinics, or WIC sites.
- Investigate possible outreach activities in community centers in low-income neighborhoods.
- Ask a local agency to cohost a computer or Internet training session for families that use English as their second language. The library can provide the training, and the other agency can provide a translator.
- Contact the area food pantries and homeless shelters, and discuss with them local needs and statistics on use. Share this information with the staff and trustees. If a list of pantries and shelters exists, get copies and put them out at the library. Keep one at the reference desk.

Accessible Buildings and Services

- Review the library's policy on the need to have an address and identification to get a card. Discuss options that could make it easier for people to get a card, yet allow the library to manage potential costs of nonreturned items. This would benefit not only people who live in shelters or on the streets but area visitors as well.
- Investigate pulling together the library's resources on resume writing and jobs in one place near the newspapers so that people using the classified ads are sure to see them. If a complete move is not possible, consider a display shelf that would change periodically and feature job-related materials.
- Put a short list of common phrases in other languages, along with a pronunciation guide, at the service desk and encourage staff to use it.

Marketing

- Plan a display that celebrates an important cultural event for a local minority group.
- Schedule a family program that focuses on a minority group dance, food, traditions, and so on. Or arrange for an introduction to the language of a minority group in the community, presented by someone from that culture.
- Plan to celebrate National Food Day (www.worldfooddayusa.org) in October with a display that focuses on hunger statistics and the local need. If possible, become part of a local food drive effort that week. Sponsor a "Trick or Treat for UNICEF" activity.

All Web pages listed here were accessed in November 2002.

Aging

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For the purpose of this publication, seniors are defined as people over the age of 65, the age used by the U.S. Bureau of the Census. However, being over 65 does not indicate that a person has special needs. In fact, many seniors do not have needs that differ significantly from the general population. Two of the primary factors that contribute to the number of seniors with special needs are poverty and poor health, which is often a direct result of poverty. The purpose of this chapter is to address the needs not of the general population of seniors but of those seniors who do have exceptional needs, their families, caregivers, and the professionals who work with them.

It is important that libraries pay very close attention to the needs and desires of seniors because their numbers are rising. They are going to expect and demand appropriate services. A report issued by the Demographic Services Center of the Wisconsin Department of Administration (Kale and Enga-Robertson 2000) predicts that the population of people over the age of 65 will increase slowly between 2000 and 2010 and then will increase 88.9 percent by 2030. This will be an increase from 703,000 to 1,327,000. In 2000 the elderly population, 65 and over, was slightly more than half the size of the young population (ages 0–17). In 2030 the elderly population will almost equal the population of the young, birth through age 17.

Not only will there be more seniors in the next 30 years, but they will be living longer. Advances in medical care have increased the life expectancy rates. In 2000 the rate for males was 75.3 years and 80.7 for females. In 2030 the rate is projected to be 78.5 for males and 83.5 for females. There will be four times as many centenarians by 2030, increasing from 1,000 in 2000 to 3,800 in 2030.

Health Issues

AARP (formerly the American Association of Retired Persons) issued a report in May 2002 called *Beyond 50.02: A Report to the Nation on Trends in Health Security.* AARP found that people age 50 and older are living longer and generally report being healthier than their predecessors. Over the past two decades, seniors are enjoying greater financial security and healthier lifestyles.

The report also indicated that although the rate of disabilities among older adults has been declining, limitations on daily functioning rises steeply as seniors age. Chronic health conditions are concerns for many. Seniors are less likely to find themselves in the hospital than in the past, in part because prescription drugs are often now routinely used as frontline treatment. The emphasis on current geriatric medicine is not just a longer life, but a longer span of healthy life.

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Serving Seniors: A Resource Manual for Missouri Libraries (Mates et al. 2001) summarized some of the sensory changes that affect seniors. Vision is the first sense to be affected by age:

- As the pupil becomes smaller, less light reaches the retina and the field of vision decreases.
- The lens and cornea become less elastic, making it more difficult to shift focus from near to far.
- Eyes may not assimilate violet light, making it more difficult to see blues, greens, and violets.
- The ability to judge distance and depth often decreases, which affects the ability to drive safely.
- Incidents of cataracts also increase.

A nursing home survey completed by the National Center for Health Statistics (1997) found the following:

- Approximately 26 percent of all nursing home residents (420,300 people) had some visual impairment.
- 3 percent had no vision.
- 16 percent were blind but had some vision.
- 6 percent had severe visual impairments but were not legally blind.
- One in six, or 4.9 million, Americans over the age 65 is blind or has a severe visual impairment.

The interview with the Wisconsin Bureau of the Blind indicated that less than 1 percent of the seniors in the United States experiencing age-related vision loss receive vision-related rehabilitation. The population of older people with vision loss is growing faster than available funding and staff to provide rehabilitation services. Medicaid and private health insurers do not provide reimbursement for specialized vision-related rehabilitation services. There is a trend to pay for general rehabilitation services, but the vision rehabilitation then is provided by noncertified people.

Loss of hearing often begins at age 20, with the ability to hear high frequencies decreasing until they cannot be heard at all. Hearing loss makes background noise distracting to many older people and can impact spoken communication.

Seniors also experience changes in the sense of touch and in general dexterity. Knees and elbows may become stiff, and muscles may become weaker. The ability to turn and look in various directions and behind, such as when backing out a car, can be limited. Seniors may not be able to detect changes in temperature or feel vibrations, pressure, or pain. The *Beyond 50.02* study stated that 5 percent of 50 to 64 year olds have limitations on daily activities, and 4 percent of people age 84 and older have limitations (AARP 2002).

People even experience changes in the ability to taste as they age. People begin to lose their sense of taste about age 50. The number of taste buds decreases with age. The abilities to detect "salty" and "sweet" are the most affected, which may cause some older people to oversalt or oversweeten their food. The ability to smell is the one sense that remains most intact. But for people for whom it diminishes, the loss of smell can be dangerous because they cannot smell a gas leak or smoke from a fire.

Results of the Survey of Library Services to Adults with Special Needs

Special Needs Survey Questions on Seniors

Question	Number of Libraries Responding Yes	Percentage
• Library has at least one periodical or newsletter intended for seniors.	244	76%
• Library has added materials in past three years on aging.	206	70%
• Home delivery is available for seniors who live in their own homes.	154	53%
• Home delivery is available to senior apartment units or assisted-living centers.	141	48%
• Library has a brochure that describes special services for seniors.	99	34%
• Library provides deposit collections at nursing homes.	95	32%
• Library provides deposit collections at senior centers.	88	30%
• In the past three years, the library has had a planning process that included seniors, or their family members or agency advocates.	85	29%
• Library Web page has links to information about aging.	56	19%
• Library staff attended training in the past three years on services for seniors.	56	19%

Note: In 2002, 293 of Wisconsin's 380 public libraries completed the survey, a 77 percent response rate. See chapter 12 for the complete survey and a summary of the results.

Barriers to Service

The barrier mentioned most often in the interviews that prevents seniors from using a public library is transportation. It becomes a problem for many seniors as they age because of general changes in overall health, diminishing physical abilities, and factors that affect their ability to drive.

Seniors' ability to use public transportation may be limited if they cannot walk up steps easily, cannot walk very far, stand and wait for any amount of time, or are unsteady on their feet, especially in winter. Vision problems may also affect their ability to walk as well as to read schedules and see names of busses, and so on. Seniors may also feel vulnerable going places by themselves in terms of personal safety. Transportation is an issue for many seniors who need assistance with basic home and personal care in order to remain in their homes. Often, these seniors typically cannot leave their homes without assistance.

Transportation options may be limited for many older seniors who move out of their own homes and into group living situations. Often, when they make this decision, or it is made for them, they do not have personal transportation. The housing options might include senior citizen or low-income housing, assisted-living facilities, group homes, and nursing homes. Transportation is also a special challenge for seniors who live in rural areas in Wisconsin, particularly in winter.

Several professionals who work with seniors mentioned unfamiliarity or discomfort with technology as another barrier to using public libraries. Recent robust retail computer sales to seniors indicates that many seniors are active computer users. But others are not comfortable with computers and may be intimidated by the need to use an on-line computer catalog to locate materials in a library.

Other barriers mentioned in interviews included accessibility issues such as parking, library hours, seniors' physical limitations, and wheelchair access. Language, cultural differences, and lack of experience in using or knowledge about public libraries may discourage older immigrants. Fines and fees may stop others. One director of a Milwaukee center for seniors with low incomes explained, "They don't want to be scolded for returning materials late or for losing items."

Planning and Collaboration

Libraries can benefit from the valuable and long-established connections seniors have with a community. They can take advantage of seniors' life experience by including them on planning committees and advisory boards and by asking them to serve as trustees, staff members, and volunteers. Older adults may be helpful as program resource people. They can often act as liaisons to the community. In the near future, seniors are going to be a powerful voting block and will have considerable political clout locally and at the state level. Libraries will need their support for library political issues.

It may be difficult to get seniors who are frail to come to the library to participate in a formal planning process. Professionals who work with seniors strongly suggest getting input from the following people:

- Nursing home directors
- Nursing home activity directors
- County boards on aging

They also suggest distributing surveys at various locations:

- Senior housing complexes
- Meal sites
- Senior citizen centers

The staff at AARP Wisconsin warned librarians to be sensitive to the differences between various groups within the aging population: "Don't continue to provide services for new seniors the way services were provided to the World War II generation." As for recruiting senior volunteers, "the process needs to be fun, innovative, and involve a learning process."

By being a part of the network that advocates for seniors, public librarians can do a better job planning and designing services that meet the needs of seniors in their communities. Libraries can cosponsor programs with other agencies and provide resources to assist professionals who work with older adults. Invite groups to meet periodically at the library to find out about new materials and services for their clients. In turn, find out how the library can complement and support the activities of these agencies.

Churches, mosques, and synagogues may be willing to put library information in their bulletins or newsletters. Other potential collaborating partners include visiting nurses, Meals on Wheels, day care centers for seniors, and nursing homes. The interviews indicated that it is important for librarians to meet with seniors in places they frequent to keep them abreast of library services. These agencies all typically have newsletters, and most would be receptive to including library information. One senior citizen center director suggested the library provide information on place mats and send them to centers. Seniors tend to read the information on their place mats. In 1999 the American Library Association revised its *Library Services to Older Adults Guidelines*, which may be of use in planning services for seniors with special needs.

Grafton Seniors Discuss Current Events

Since 1989, Lori Ebbert, the interlibrary loan librarian at the U.S.S. Liberty Memorial Public Library in Grafton has led current events discussions at the Grafton senior center. She reads newspapers and news magazines, noting interesting articles, and then brings the materials and her notes with her on her weekly visits to the site. She has a core group of about seven seniors who participate regularly. Others drop in as they come to the building for the meals that are served there. During the hour-long discussion, she brings up timely topics that she thinks will interest the participants and then lets them take over the discussion.

One particularly popular series was devoted to each decade of the twentieth century. Lori brought in library materials that related to the decade, and the seniors also brought in memorabilia to share and discuss. She believes that this discussion program is important because many of the people who attend live alone and have no one with whom to discuss current issues. She finds that they are eager to voice their concerns and opinions about today's local, state, and national issues.

Source: Adapted from the May 2002 Eastern Shores Library System's newsletter, *The Library Connection.*

Accessible Buildings and Services

Incidents of disabilities of all types increase with age, and many seniors do have health concerns, but it is important to eliminate stereotypes that assume all seniors are frail. Many people in a community need accessible libraries, including seniors. The DLTCL's survey of building accessibility and accessible workstations, done in 2000 and 2001, shows that Wisconsin public libraries have to increase their efforts to make their buildings and services accessible. A summary of these studies is included in chapter 6, "Mobility." Easy access should be provided for entrances, bathrooms, and meeting rooms. Attention should also be paid to providing nonslip floor surfaces and to surface textures to avoid causing people who are unsteady on their feet to stumble and fall. Libraries also need to keep sidewalks free of ice in the winter.

The survey revealed that 88 percent of public library buildings in Wisconsin have accessible entrances, but only 38 percent have an electronic door. Electric doors are extremely helpful for seniors. Existing doors can often be retrofitted to open automatically.

Attention should also be given to the selection of furniture, seating, and lighting in a library. Seating should be compatible with older adults' needs and social interests. Chairs that are comfortable enough to encourage seniors to stay for awhile at the library are needed, but arms also make it easier for people to get out of them. Suggestions on assistive technology that may be useful to seniors to address their visual, hearing and physical limitations, are included in chapter 6.

Staff Training

Training and continuing education can help library staff better respond to the needs of seniors. Training can reduce stereotypes, increase staff awareness of cultural and generational differences, provide tips for interacting with seniors, and create awareness of seniors' economic and health challenges.

Seniors over 65 are a highly diverse group. AARP Wisconsin staff noted that there is a significant difference between older and younger seniors. Seniors who were young people during World War II are very different socially from people who matured after the war. The younger seniors tend to be more affluent, better educated, and in better health than older seniors. As a result, the younger seniors are less frail and more active, and may

remain so much longer than older seniors. Younger seniors tend to have higher expectations and are accustomed to being more vocal about those expectations, as well as their needs and wants, than older seniors.

Librarians need to understand the economic realities facing many seniors, especially older seniors. One important issue of concern to seniors is the cost of medical care. The AARP study on senior health security issues reported that the average health care spending per person for people 50 years and older increased twice as fast as the rate of inflation (AARP 2002). The number of seniors who do not have medical insurance has also increased. Fewer employers provide insurance for early retirees, and private insurers cover fewer seniors now than in 1989. When seniors retire and purchase health care insurance from their former employers the rates are often two to four times higher than rates for people age 25. The number of seniors with the lowest incomes who are not insured has increased within a 10-year period. Even more telling, the number of 50- to 64-year-olds with middle and high incomes who are uninsured has also increased. Doctors prescribe drugs more often than ever before, and the cost of prescription drugs places a burden on people who do not have adequate drug coverage. Medicare does not cover the cost of prescription drugs, and seniors with low incomes are frequently forced to make the choice between purchasing their medication, buying food, or paying the rent.

There are serious deficiencies in health care quality. This is especially true for people with low incomes, ethnic and racial minorities, women, and those who are unemployed or retired. These are the same groups most likely to be uninsured. The AARP report found that the elderly population is becoming increasingly diverse in terms of ethnicity and race.

About 26 percent of out-of-pocket health care spending by Medicare beneficiaries age 65 and older who are not living in institutions was for supplemental premium coverage. By 2025, it is projected that elderly Medicare beneficiaries will spend about 30 percent of their income on health care (AARP 2002). A knowledge of the realities of a population living on fixed incomes, with continually increasing medical needs and costs, is important to understanding life concerns of seniors.

Dane County Library Service Has an Outreach Librarian for Seniors

Since 1974 the Dane County Library Service has provided outreach services to seniors who live at home and find it difficult to go to a public library in their own community. This service is offered to all citizens in Dane County, with the exception of Madison, which provides its own services. The outreach librarian, Mary Driscoll, attends monthly meetings of the nursing home and community-based residential facilities activity directors to get ideas and to find out what seniors like. She makes monthly visits to senior nutrition sites to share new materials with the seniors.

The librarian occasionally makes home visits to demonstrate how to use the talking book machines from the Wisconsin Regional Library for the Blind and Physically Handicapped or when seniors report their equipment is not operating properly. In addition, the Dane County Library Service coordinates a service that mails large-print books and books on tape directly to seniors' homes. Many of the clients enjoy conversing by phone and call often to make requests. Postage is free under the federal program for mailing materials to people who are blind or who have a physical disability.

Dane County Library Service wrote and received a $3,000 grant from the Helen Bader Foundation in 2003 to purchase materials for use with people who have Alzheimer's disease. The materials included coffee table books with vivid pictures and music CDs. Dane County provides Bi-Folkal kits and has made up some original kits. One new kit that Dane County created featured Harley Davidson motorcycles to celebrate the 100th anniversary of the company. The outreach librarian does presentations for caregivers and agencies on how to use the kits with groups of seniors and also manages the requests for them. In addition, the Dane County Library Service provides deposit collections of large-print materials at nursing homes, assisted-care facilities, and senior centers.

It is helpful if staff training includes techniques on communicating with seniors. Often, seniors need more time to process information, to express themselves, and to move through routine processes such as completing forms or checking out materials. Seniors often appreciate patience, personal attention, and assistance. Seniors who live alone may want to converse socially as they complete a transaction, simply because their contact with other people is limited.

Libraries should strive to integrate library services to older adults with those offered to other user populations. In addition, some senior advocates suggested having one staff person who has a special interest in seniors be assigned as a general contact person to follow up on special requests or to work with seniors who want or need personalized attention.

Collections and Services

Services to older adults are strongest when they are integrated into the overall efforts of library planning, budgeting, and services. Integration is needed so that senior needs receive appropriate attention and are not set aside to be addressed "when" and "if" money is available. Many of the materials that are especially appropriate for seniors are also of interest and use to other people in the community.

Princeton Seniors Benefit from a Cooperative Project at the Library

Students in Grades 7–12 in Princeton became involved with a service-learning project in the fall of 2002 to benefit seniors. As part of the project, students perform community service at the Princeton Public Library. The library and the school district are cooperating on a project that involves student volunteers teaching basic computer skills to interested seniors at the library. It is anticipated that the students and seniors will learn from each other through this effort. Princeton is one of 18 districts participating in the Wisconsin Youth Connecting Communities Project. This project is administered through the Service Learning Program of the Bright Beginnings Team at the Department of Public Instruction. Funding was provided by Corporation for National and Community Services "Learn and Serve America."

Libraries can play an important role in providing a community setting for older adults. This is important for several reasons. Visiting a public library is a very "normalizing" experience. AARP Wisconsin staff noted that some "young" seniors do not want anything to do with activities sponsored by senior citizen centers because they associate such activities and centers as benefits for the poor elderly and for the very old and it does not match their perception of who they are. A public library, on the other hand, is a neutral place, and going to a program or class targeted at seniors in a library often may be more comfortable for them. Interviewees suggested programs and classes of special interest to seniors could include book discussion clubs, author talks, health issues, travel, computer and Internet classes, storytelling, and writing classes. The "Additional Resources" section at the end of this chapter includes suggested resources for senior programming ideas.

Public libraries can also offer opportunities for intellectual stimulation and socialization for seniors who live alone. The incident rates of depression and suicide are very high for seniors who feel isolated. Several nursing home staff also noted during the interviews that their residents would like to continue to visit a public library because libraries had long been part of their normal daily lives. There is a mistaken perception by the general public and even families that once someone goes into a nursing home, they do not want or need to leave it.

The interviews suggested that some seniors often appreciate intergenerational programs, where they can interact with and observe children. Because intergenerational programs appeal to all ages, they can be marketed to both young and old. These programs will have a larger audience than those designed just for children or adults.

Most long-term care is provided by family and other unpaid informal caregivers. The AARP report on senior health security (AARP 2002) revealed that more than half of caregivers for seniors provide care for at least five years. Most unpaid senior caregivers are ages 50–64 and have jobs. They make significant economic sacrifices during their peak earning years to provide care. One in five caregivers experiences physical or mental health problems as a result of the stress involved.

Libraries can act as clearinghouses for information and resources on aging issues. Libraries can make it easy to locate electronic and Internet resources on aging by devoting a section of their Web site to the interests of seniors. This information is needed by the seniors themselves, by the families and caregivers, and by the professionals who work with them.

Libraries can be a primary access point to information on retirement planning, health issues, second career opportunities, and other issues. They can keep seniors aware of current programs and events in the community and can actively seek to publicize and promote activities sponsored by other agencies and groups that are of interest to seniors. An area can be set aside to house brochures and flyers of special interest to seniors and their families. Other types of materials frequently suggested by interviewees included large-print books, books on tape, magazines, exercise videos designed for seniors, and Bi-Folkal or other types of programming kits.

Because transportation was identified as a major barrier to public library use, interviewees often suggested bringing library materials and services to seniors. Libraries could provide programs at a number of places:

- Senior citizen centers
- Meal centers
- Housing complexes for seniors
- Nursing homes

One nursing home staff person pointed out that seniors who never were library users are not likely to become users at this point in their lives. However, they may very well enjoy the programs offered by libraries. For seniors who live in special housing, home or on-site delivery of materials is key to helping these taxpayers take advantage of their local public libraries.

Marketing

Lack of awareness about library services and materials was a barrier mentioned in several interviews. Many professionals who have been working with seniors for years were surprised to find out that their local library provided home delivery of library materials. They expressed frustration that libraries did not appropriately market this service and others to the seniors themselves and to agencies that serve seniors. Library staff visits to senior sites and with agency personnel would be effective ways to market library services.

The professionals noted that all of these agencies could use their newsletters to get library information out to seniors and their families. They also suggested sending flyers to the following:

- Local Meals on Wheels program, to be delivered with the meals
- Grocery stores
- Doctors' offices
- Pharmacies
- Churches, mosques, and synagogues, for inclusion in bulletins

If there is an available space, small booths with narrow table tops in a sunny area encourage seniors to sit and socialize while they are at the library. An in-house coffee shop or pot of free coffee adds incentive for them to come and stay for awhile. Comfortable outdoor benches with backs that are placed in shady areas may also encourage seniors to sit and visit with people going in and out of the library. Opportunities for socialization were mentioned frequently in the interviews as a general need for many seniors.

One senior expressed a wish for library design to include large windows or perhaps a sun room with plants, where seniors who cannot afford to go south for the winter could come and just relax in the sunshine. Many Wisconsin seniors cannot afford to travel or add these sun rooms to their own homes and would appreciate a sun-filled place they could go to read and absorb the sunlight for part of the day.

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Additional Resources

Periodicals

MM (formerly *Modern Maturity*). <www.modernmaturity.org>. *MM* is a bimonthly publication with entertainment and service-oriented content for AARP members over 55, with coverage of health, personal finance, work and life transitions, and personal-enrichment issues.

My Generation. <www.mygeneration.org>. An AARP publication aimed at people who are just reaching 55. It covers issues related to work, money, health, food, travel, and music.

Segunda Juventud (Second Youth). <www.aarp.org/espanol>. A new AARP publication providing news and information of particular interest to the senior Hispanic community.

National Organizations

AARP. <www.aarp.org>; 800-424-3410 or 202-434-2277; 601 E Street NW, Washington, DC 20049. Addresses the needs and interests of persons 50 and older through information and education, advocacy, and service.

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Administration on Aging. <www.aoa.gov/aoa/pages/welcome.html>; 800-677-1116; 330 Independence Avenue SW, Washington, DC 20201. Information for older Americans and their families, including "Eldercare Locator" to find services for an older person in local communities.

American Society on Aging. <www.asaging.org>; 415-974-9600; 833 Market Street, Suite 511, San Francisco, CA 94103-1824. A nonprofit organization committed to enhancing the knowledge and skills of those working with older adults and their families.

Eldergames/USHC. <www.unitedseniorshealth.org/html/pubs_eldergames.html>. 202-479-6973; 409 Third Street SW, Suite 200, Washington, DC 20024-3212. Games designed to stimulate the minds and memories of older adults through creative reminiscing.

Federal Administration on Aging. <www.aoa.dhhs.gov>; 202-619-0724; 202-401-7575 (TTY); Administration on Aging, 330 Independence Avenue SW, Washington, DC 20201. This site has numerous links to national services and Web sites for seniors.

Federal Social Security Administration. <www.ssa.gov>; 800-772-1213; 800-325-0778 (TTY). There are various offices in each state with consumer information about Social Security benefits.

National Alzheimer's Association. <www.alz.org>; 800-272-3900 or 312-335-8700; 919 N. Michigan Avenue, Suite 1100, Chicago, IL 60611-1676. The largest health organization committed to finding a cure for Alzheimer's and helping those affected by the disease.

National Asian-Pacific Center on Aging. <www.napca.org/prod01.htm>. Committed to the dignity, well-being, and quality of life of Asian Pacific Americans in their senior years.

National Caucus and Center on Black Aged, Inc. <www.ncba-aged.org>; 202-637-8400; 1220 L Street NW, Suite 800, Washington, DC 20005. Improves the quality of life for African American seniors.

National Council on Aging. <www.ncoa.org>; 202-479-1200; 409 Third Street SW, Suite 200, Washington, DC 20024. Works to promote the dignity, self-determination, and well-being of older persons, primarily with community organizations and professionals.

National Family Caregivers Association. <www.nfcacares.org/home.html>; 800-896-3650; 10400 Connecticut Avenue, #500, Kensington, MD 20895-3944. A grass-roots organization created to educate, support, and empower Americans who care for chronically ill, aged, or disabled loved ones.

National Indian Council on Aging. <www.nicoa.org>; 505-292-2001; 10501 Montgomery Boulevard NE, Suite 210, Albuquerque, NM 87111-3846. Serves as the advocate for the nation's Native American and Alaska Native elders.

National Parkinson Foundation. <www.parkinson.org>; 800-327-4545 or 305-547-6666; Bob Hope Parkinson Research Center, 1501 NW. Ninth Avenue, Bob Hope Road, Miami, FL 33136-1494. Working to find the cause and cure for Parkinson's disease and related neurodegenerative disorders through research.

SeniorNet. <www.seniornet.org/php/>; 415-495-4990; 121 Second Street, 7th Floor, San Francisco, CA 94105. An organization of computer-using adults, age 50 and older, that provides older adults education for and access to computer technologies.

Wisconsin Organizations

AARP Wisconsin. <www.aarp.org/statepages/wi.html>; 608-251-2277; 608-286-6333 (TTY); 3 S. Pinckney Street, Suite 801, Madison, WI 53703. Provides members with information, a broad menu of services, consumer and legislative advocacy, and opportunities for community involvement.

AgeNet. <www.agenet.com>; 608-256-0488, ext. 30; 17 Applegate Court, Suite 200, Madison, WI 53713. A comprehensive eldercare network to meet the specific needs of the aging population and their adult caregiving children.

Bi-Folkal Productions, Inc. <www.bifolkal.com>; 800-568-5357; 809 Williamson Street, Madison, WI 53703. A nonprofit corporation in Madison that packages ideas and resources in kits for reminiscence programs with older adults.

Coalition of Wisconsin Aging Groups. <www.cwag.org/Home%20Page.htm>; 608-224-0606; 2850 Dairy Drive Suite 100, Madison, WI 53718-6751. Concerned with the issues affecting older persons and their families. One of the services is the Elder Law Center, which devotes resources to research and public education through talks, training, newsletter articles, and legislative advocacy.

The Milwaukee County Department on Aging. <milwaukeecounty.com>; 235 W. Galena Street, Suite 180, Milwaukee, WI 53212. This office is also the local Area Agency on Aging. Federal funds provide choices for living in the community.

Wisconsin Association of Area Agencies on Aging (W4A). <www.execpc.com/~aging/w4a.htm>. The staff and board are members of the six Area Agencies on Aging. W4A takes a leadership role to strengthen the collaboration of the aging network in Wisconsin to better serve older people.

Age AdvantAge, Inc. <www.discover-net.net/~ageadvan/>; 608-224-6300; 2850 Dairy Drive, Suite 200, Madison, WI 53718. Counties and tribes served: Buffalo, Chippewa, Columbia, Crawford, Dodge, Dunn, Eau Claire, Grant, Green, Iowa, Jackson, Jefferson, Juneau, La Crosse, Lafayette, Monroe, Pepin, Pierce, Richland, Rock, St. Croix, Sauk, Trempealeau, Vernon, Ho-Chunk Nation.

Bay Area Agency on Aging, Inc. <www.agingassist.com>; 800-991-5578 or 920-469-8858; 1850 Elkay Lane, Green Bay, WI 54302. Counties and tribes served: Brown, Calumet, Door, Fond du Lac, Green Lake, Kewaunee, Manitowoc, Marinette, Marquette, Oconto, Outagamie, Shawano, Sheboygan, Waupaca, Waushara, Winnebago, Menominee Tribe, Oneida Tribe, Stockbridge-Munsee Tribes.

Dane County Area Agency on Aging. <www.co.dane.wi.us/aging/>; 608-224-3663; 1955 W. Broadway, Suite 105, Madison, WI 53713. County served: Dane.

Milwaukee Area Agency on Aging. <www.milwaukeecounty.com/index.html>; 414-289-5950; Brewery Square, 235 W. Galena Street, Suite 180, Milwaukee, WI 53212-3925. County served: Milwaukee.

Northern Area Agency on Aging. <naaa.bfm.org>; 715-365-2525; 1835 N. Stevens, P.O. Box 1028, Rhinelander, WI 54501. Counties and tribes served: Douglas, Vilas, Lac du Flambeau, Portage, Marathon, Wood, Clark, Lincoln, Langlade, Iron, Sawyer, Lac Courte Oreilles, Adams, Ashland, Bad River, Florence, Forest, Sokaogon-Chippewa, Forest County Potawatomi, Price, Oneida, Barron, Burnett, Rusk, Polk, Washburn, St. Croix Tribe, Bayfield, Red Cliff, Taylor.

Satellite Office for Northern Area Agency on Aging and Age Advantage. 715-836-4105; 2427 N. Hillcrest Parkway, Suite 205, Altoona, WI 54720. Counties and tribes served: Barron, Buffalo, Burnett, Chippewa, Clark, Crawford, Dunn, Eau Claire, Ho Chunk Nation, Jackson, La Crosse, Monroe, Pepin, Pierce, Polk, Rusk, St. Croix Tribe, Trempealeau, Vernon, and Washburn.

Southeastern Area Agency on Aging, Inc. <www.execpc.com/~aging/>; 262-821-4444; 125 Executive Drive, Suite 102, Brookfield, WI 53005. Counties served: Kenosha, Ozaukee, Racine, Walworth, Washington, Waukesha.

Wisconsin Board on Aging and Long Term Care. <longtermcare.state.wi.us/static/>; 214 N. Hamilton Street, Madison, WI 53703. An advocate for long-term care consumers and assists residents in group homes and recipients of the Community Options Program (COP), in addition to nursing home residents.

Medigap Helpline. 800-242-1060. The helpline provides insurance counseling and offers expertise in every type of insurance product that might be marketed to Medicare beneficiaries.

Ombudsman Program. 800-815-0015; The Ombudsman program augments the efforts of regional staff.

Wisconsin Department of Health and Family Services. <www.dhfs.state.wi.us>; 608-266-1865; 608-267-7371 (TTY); 1 W. Wilson Street, Madison, WI 53702. This agency administers numerous programs in Wisconsin for seniors.

Aging Resources Page. <www.dhfs.state.wi.us/aging/index.htm>.

Alzheimer's Family and Caregiver Support Program. <www.dhfs.state.wi.us/aging/Genage/alzfcgsp.htm>.

Benefit Specialist Program. <www.dhfs.state.wi.us/aging/Genage/benspecs.htm>.

Choosing a Nursing Home. <www.dhfs.state.wi.us/bqaconsumer/NursingHomes/NHchoose.htm>.

County or Tribal Aging Offices. <www.dhfs.state.wi.us/aging/contacts/coagof.htm>.

Elder Abuse in Wisconsin. <www.dhfs.state.wi.us/aging/elderabuse/index.htm>.

Elderly Nutrition. <www.dhfs.state.wi.us/aging/Nutrition_program/eldernutrition.htm>.

Elderly Transportation. <www.dhfs.state.wi.us/Aging/Genage/TRANSERV.htm>.

The Long Term Care Ombudsman Program. <www.dhfs.state.wi.us/aging/BOALTC/ltcombud.htm>.

The Medigap Helpline. <www.dhfs.state.wi.us/aging/BOALTC/medigap.htm>.

Physical Limitations among Older Adults Living in the Community <www.dhfs.state.wi.us/stats/95fhs.htm>.

Programs for Older People and Their Families. <www.dhfs.state.wi.us/aging/Genage/proserv.htm>.

Regional Area Agencies on Aging. <www.dhfs.state.wi.us/aging/contacts/regaaas.htm>.

Senior Employment Services. <www.dhfs.state.wi.us/aging/Genage/senesep.htm>.

Volunteer Opportunities for Older Adults. <www.dhfs.state.wi.us/aging/voluntr/voloppsr.htm>.

Wisconsin Administration on Aging. <www.dhfs.state.wi.us/Aging/INDEX.htm>.

Wisconsin Dementia Services Database. <wiscinfo.doit.wisc.edu/dementia/>.

Wisconsin Medicaid Spousal Impoverishment. <www.dhfs.state.wi.us/medicaid3/recpubs/factsheets/spousimp.pdf>.

Wisconsin Partnership for the Frail Elderly. <www.dhfs.state.wi.us/WIpartnership>.

All Web sites listed here were last accessed in November 2002.

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Getting Started with Little Money and Time: Aging

The following are some ideas for public libraries to use when designing services for seniors.

Breaking Down Barriers

- Greet every senior who comes into the library with a smile. Tell them to let you know if they need help. If you see them struggling to reach a shelf or if they seem to be searching for something, do not wait for them to ask; offer assistance.

Planning and Collaboration

- Request free brochures on topics of interest to seniors from your immediate community or the county board on aging, health departments, and AARP. Find a place to display these brochures and put up a sign that indicates that the materials are of special interest to seniors. One good place to put them is in a holder near the large-print books.
- Call the local nursing home directors in your community, the coordinator of the Meals on Wheels program, or directors of senior citizen centers or hospice providers and make an introduction. Ask if they would be willing to put information about library services in their newsletters or include it in the packet of information they give their clients. Follow up with regular articles about new materials or programs that seniors might enjoy.
- Invite any organization that provides transportation for seniors to make the library a destination for one of their outings.
- Develop a short survey for seniors. Print the surveys in large print. Distribute them at senior centers, housing units, or meal sites and in the library to find out what the library is doing well and what changes seniors feel should be made.

Accessible Buildings and Services

- Slow down when interacting with seniors. Don't rush transactions and conversations. Seniors may need more time than other patrons to understand what is being said, to organize their thoughts, and to gather their belongings together. If other patrons are not waiting, instigate social conversation and be a good listener. The librarian may be the only human being the senior will talk to on a given day because some seniors have less social contacts than many other people in a community.

Marketing

- Create a service brochure for seniors. Use a readable font, using 14 point size at a minimum, and make up a few copies to have on hand for seniors and others who may have vision problems. Or enlarge paper versions on a copier.
- Plan to set up a display honoring seniors and on positive aging to celebrate Older Americans Month (www.aoa.gov) or National Senior Health and Fitness Day (www.fitnessday.com/senior/index.htm) both in May, Healthy Aging Month (www.healthyaging.net) in September, and National Alzheimer's Disease Awareness Month (www.alz.org) in November. Put up a display with materials of interest to seniors, their families, caregivers, and professionals who work with them.

All Web pages listed here were accessed in November 2002.

Supporting Data

12

This chapter includes census data for Wisconsin, which libraries can use to compare to their local situations. The census data in tables 12.1–12.9 include current Wisconsin statistical information on age, race and ethnic background, living arrangements for people over age 65, literacy indicators, poverty status, and disabilities. A copy of the survey questions and a summary of the responses for the DLTCL's Survey of Library Services to Adults with Special Needs, completed in 2002, is included to provide more detail on the information cited in the previous chapters.

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TABLE 12.1. **Age Distribution: 2000**

	Wisconsin		
	Number	% of Total	% Change from 1990
All Persons	5,363,675	100.0%	9.6%
0 to 4	342,340	6.4%	-5.1%
5 to 17	1,026,416	19.1%	10.6%
18 to 24	520,629	9.7%	1.6%
25 to 44	1,581,690	29.5%	2.3%
45 to 64	1,190,047	22.2%	33.4%
65 to 79	501,982	9.4%	2.5%
80 years and over	200,571	3.7%	24.2%
Males	2,649,041	100.0%	9.7%
0 to 4	175,041	6.6%	-5.5%
5 to 17	526,664	19.9%	9.5%
18 to 24	265,664	10.0%	3.4%
25 to 44	797,512	30.1%	3.1%
45 to 64	592,650	22.4%	26.2%
65 to 79	225,502	8.5%	5.7%
80 years and over	66,008	2.5%	21.0%
Females	2,714,634	100.0%	7.9%
0 to 4	167,299	6.2%	-5.2%
5 to 17	499,752	18.4%	9.6%
18 to 24	254,965	9.4%	-0.3%
25 to 44	784,178	28.9%	1.3%
45 to 64	597,397	22.0%	23.8%
65 to 79	276,480	10.2%	-0.2%
80 years and over	134,563	5.0%	18.7%
Total Urban	3,663,643	100.0%	48.6%
0 to 4	242,228	6.6%	30.2%
5 to 17	679,693	18.6%	56.3%
18 to 24	404,741	11.0%	37.7%
25 to 44	1,100,609	30.0%	36.2%
45 to 64	760,491	20.8%	76.2%
65 to 79	330,569	9.0%	42.2%
80 years and over	145,312	4.0%	87.1%
Total Rural	1,700,032	100.0%	-30.0%
0 to 4	100,112	5.9%	-42.7%
5 to 17	346,723	20.4%	-29.7%
18 to 24	115,888	6.8%	-46.9%
25 to 44	481,081	28.3%	-34.9%
45 to 64	429,556	25.3%	-6.8%
65 to 79	171,413	10.1%	-33.3%
80 years and over	55,259	3.3%	-34.1%

Prepared by The Applied Population Laboratory, UW-Madison/Extension, 2002.
Sources: 2000 Census of Population and Housing, Summary File 1; 1990 Census of Population and Housing, Summary Tape File 1a.

TABLE 12.2. **Living Arrangements of Persons Aged 65 and Over: 2000**

	Wisconsin		
	Number	% of Total	% Change from 1990
Total 65+	702,553	100.0%	7.9%
Living alone	207,206	29.5%	7.9%
In households, not alone	444,090	63.2%	8.6%
In group quarters	51,257	7.3%	2.3%
Urban 65+	475,881	100.0%	53.4%
Living alone	151,954	31.9%	57.7%
In households, not alone	283,221	59.5%	49.4%
In group quarters	40,706	8.6%	67.5%
Rural 65+	226,672	100.0%	-33.5%
Living alone	55,252	24.4%	-42.3%
In households, not alone	160,869	71.0%	-26.7%
In group quarters	10,551	4.7%	-59.1%

Prepared by The Applied Population Laboratory, UW-Madison/Extension, 2002.
Sources: 2000 Census of Population and Housing, Summary File 1; 1990 Census of Population and Housing, Summary Tape File 1a.

TABLE 12.3. **Persons by Race, Sex, and Hispanic Origin: 2000**

	Wisconsin		
	Number	% of Total	% Change from 1990
All Persons	5,363,675	100.0%	9.6%
White alone	4,769,857	88.9%	n/a
Black or African American alone	304,460	5.7%	n/a
American Indian and Alaska Native alone	47,228	0.9%	n/a
Asian alone	88,763	1.7%	n/a
Native Hawaiian and Other Pacific Islander alone	1,630	0.0%	n/a
Some other race alone	84,842	1.6%	n/a
Two or more races	66,895	1.2%	n/a
Total Nonwhite	593,818	11.1%	n/a
Not of Hispanic/Latino origin	5,170,754	96.4%	7.8%
Hispanic/Latino origin	192,921	3.6%	107.0%
Males	2,649,041	100.0%	10.7%
White alone	2,352,880	88.8%	n/a
Black or African American alone	147,206	5.6%	n/a
American Indian and Alaska Native alone	23,462	0.9%	n/a
Asian alone	44,070	1.7%	n/a
Native Hawaiian and Other Pacific Islander alone	836	0.0%	n/a
Some other race alone	46,884	1.8%	n/a
Two or more races	33,703	1.3%	n/a
Total Nonwhite	296,161	11.2%	n/a
Not of Hispanic/Latino origin	2,544,518	96.1%	8.5%
Hispanic/Latino origin	104,523	3.9%	116.2%
Females	2,714,634	100.0%	8.6%
White alone	2,416,977	89.0%	n/a
Black or African American alone	157,254	5.8%	n/a
American Indian and Alaska Native alone	23,766	0.9%	n/a
Asian alone	44,693	1.6%	n/a
Native Hawaiian and Other Pacific Islander alone	794	0.0%	n/a
Some other race alone	37,958	1.4%	n/a
Two or more races	33,192	1.2%	n/a
Total Nonwhite	297,657	11.0%	n/a
Not of Hispanic/Latino origin	2,626,236	96.7%	7.0%
Hispanic/Latino origin	88,398	3.3%	97.1%
Total Urban	3,663,643	100.0%	14.1%
White alone	3,123,911	85.3%	n/a
Nonwhite	539,732	14.7%	n/a
Not of Hispanic/Latino origin	3,489,378	95.2%	11.5%
Hispanic/Latino origin	174,265	4.8%	111.1%
Total Rural	1,700,032	100.0%	1.2%
White alone	1,645,946	96.8%	n/a
Nonwhite	54,086	3.2%	n/a
Not of Hispanic/Latino origin	1,681,376	98.9%	0.7%
Hispanic/Latino origin	18,656	1.1%	75.6%

Prepared by The Applied Population Laboratory, UW-Madison/Extension, 2002.
Sources: 2000 Census of Population and Housing, Summary File 1; 1990 Census of Population and Housing, Summary Tape File 1a.

TABLE 12.4. **Educational Attainment: 2000**

	Wisconsin		
	Number	% of Total	% Change from 1990
All Persons 25 Years and Over	3,475,878	100.0%	12.3%
Less than ninth grade	186,125	5.4%	-36.9%
Grade 9–12, no diploma	332,292	9.6%	-9.5%
High school graduate	1,201,813	34.6%	4.7%
Some college, no degree	715,664	20.6%	38.9%
Associate degree	260,711	7.5%	18.4%
Bachelor's degree	530,268	15.3%	41.2%
Advanced degree	249,005	7.2%	43.6%
White Alone	3,192,571	100.0%	9.4%
Less than ninth grade	153,166	4.8%	-43.4%
Grade 9–12, no diploma	274,317	8.6%	-15.4%
High school graduate	1,124,889	35.2%	2.1%
Some college, no degree	660,234	20.7%	36.8%
Associate degree	244,818	7.7%	16.1%
Bachelor's degree	504,486	15.8%	38.9%
Advanced degree	230,661	7.2%	40.0%
Nonwhite	283,307	100.0%	61.0%
Less than ninth grade	32,959	11.6%	36.4%
Grade 9–12, no diploma	57,975	20.5%	34.8%
High school graduate	76,924	27.2%	68.0%
Some college, no degree	55,430	19.6%	70.1%
Associate degree	15,893	5.6%	71.9%
Bachelor's degree	25,782	9.1%	106.4%
Advanced degree	18,344	6.5%	112.3%
Hispanic/Latino Origin	86,890	100.0%	131.9%
Less than ninth grade	21,855	25.2%	121.5%
Grade 9–12, no diploma	17,586	20.2%	140.1%
High school graduate	21,060	24.2%	136.7%
Some college, no degree	13,112	15.1%	130.3%
Associate degree	3,332	3.8%	71.0%
Bachelor's degree	6,074	7.0%	181.1%
Advanced degree	3,871	4.5%	146.4%

Prepared by The Applied Population Laboratory, UW-Madison/Extension, 2002.
Sources: 2000 Census of Population and Housing, Summary File 3; 1990 Census of Population and Housing, Summary Tape File 3a.

TABLE 12.5. **Persons with Limited English-Speaking Ability: 2000**

	Wisconsin		
	Number	% of Total	% Change from 1990
All Persons 5 Years and Over	5,022,073	100.0%	10.8%
Speak English "Not well" or "Not at all"	71,170	1.4%	95.4%
5 to 17 years	14,027	0.3%	78.2%
18 to 64 years	50,124	1.0%	131.0%
65 years and over	7,019	0.1%	6.7%

Prepared by The Applied Population Laboratory, UW-Madison/Extension, 2002.
Sources: 2000 Census of Population and Housing, Summary File 3; 1990 Census of Population and Housing, Summary Tape File 3a.

TABLE 12.6. **Poverty Status in 1999, Persons**

	Wisconsin		
	Number	% of Total	% Change from 1990
All Persons for Whom Poverty Status Is Determined	5,211,603	100.0%	9.6%
Below 50% of poverty level	193,219	3.7%	7.5%
Below 75% of poverty level	303,724	5.8%	-10.9%
Below poverty level	451,538	8.7%	-11.2%
Below 125% of poverty level	617,301	11.8%	-11.9%
Below 150% of poverty level	806,392	15.5%	-9.3%
Below 200% of poverty level	1,214,968	23.3%	-9.2%
200% and over	3,996,635	76.7%	17.0%
Persons Aged 0 to 17 for Whom Poverty Status Is Determined	1,342,950	100.0%	5.6%
Below poverty level	150,166	11.2%	-20.5%
Persons Aged 18 to 64 for Whom Poverty Status Is Determined	3,205,840	100.0%	11.4%
Below poverty level	252,127	7.9%	-4.8%
Persons Aged 65+ for Whom Poverty Status Is Determined	662,813	100.0%	9.6%
Below poverty level	49,245	7.4%	-10.1%
Persons 0 to 17 Below Poverty	150,166	100.0%	-20.5%
Urban	113,397	75.5%	-16.9%
Rural	36,769	24.5%	-29.9%
Persons 18 to 64 Below Poverty	252,127	100.0%	-4.8%
Urban	198,553	78.8%	1.7%
Rural	53,574	21.2%	-23.1%
Persons 65+ Below Poverty	49,245	100.0%	-10.1%
Urban	32,144	65.3%	0.2%
Rural	17,101	34.7%	-24.8%

Prepared by The Applied Population Laboratory, UW-Madison/Extension, 2002.
Sources: 2000 Census of Population and Housing, Summary File 3; 1990 Census of Population and Housing, Summary Tape File 3a.

TABLE 12.7. **Poverty Status in 1999, Households**

	Wisconsin		
	Number	% of Total	% Change from 1990
Total Households	2,086,304	100.0%	14.4%
Below poverty level	174,845	8.4%	-7.4%
Family Households	1,395,037	100.0%	8.6%
Below poverty level	78,188	5.6%	-19.8%
Married Couples with Children	521,669	100.0%	1.3%
Below poverty level	17,363	3.3%	-32.5%
Single Mothers with Children	135,464	100.0%	17.6%
Below poverty level	38,464	28.4%	-23.0%
Single Fathers with Children	45,300	100.0%	79.0%
Below poverty level	6,010	13.3%	57.0%
Nonfamily Households	691,267	100.0%	28.0%
Below poverty level	96,657	14.0%	5.7%
Nonfamily with Householder Age 65+	216,086	100.0%	8.5%
Below poverty level	30,167	14.0%	-15.4%

Prepared by The Applied Population Laboratory, UW-Madison/Extension, 2002.
Sources: 2000 Census of Population and Housing, Summary File 3; 1990 Census of Population and Housing, Summary Tape File 3a.

TABLE 12.8. **Labor Force Characteristics, 2000**

	Wisconsin		
	Number	% of Total	% Change from 1990
All Persons 16 Years and Over	4,157,030	100.0%	11.4%
In labor force	2,872,104	69.1%	13.9%
In armed forces	2,868	0.1%	-40.1%
In civilian labor force	2,869,236	69.0%	14.0%
Employed	2,734,925	65.8%	14.6%
Unemployed	134,311	3.2%	2.7%
Unemployment rate		4.7%	
Not in labor force	1,284,926	30.9%	6.1%
Males 16 Years and Over	2,030,019	100.0%	12.9%
In labor force	1,508,279	74.3%	11.0%
In armed forces	2,426	0.1%	-43.2%
In civilian labor force	1,505,853	74.2%	11.1%
Employed	1,428,493	70.4%	11.6%
Unemployed	77,360	3.8%	3.6%
Unemployment rate		5.1%	
Not in labor force	521,740	25.7%	18.9%
Females 16 Years and Over	2,127,011	100.0%	9.9%
In labor force	1,363,825	64.1%	17.3%
In armed forces	442	0.0%	-14.5%
In civilian labor force	1,363,383	64.1%	17.3%
Employed	1,306,432	61.4%	18.1%
Unemployed	56,951	2.7%	1.5%
Unemployment rate		4.2%	
Not in labor force	763,186	35.9%	-1.1%

Prepared by The Applied Population Laboratory, UW-Madison/Extension, 2002.
Sources: 2000 Census of Population and Housing, Summary File 3; 1990 Census of Population and Housing, Summary Tape File 3a.

TABLE 12.9. **Disability Status of Civilian Noninstitutionalized Persons: 2000**

	Wisconsin	
	Number	% of Total
Persons 5 to 15 Years	863,828	100.0%
With one type of disability	42,940	5.0%
Sensory disability	3,935	0.5%
Physical disability	2,325	0.3%
Mental disability	35,916	4.2%
Self-care disability	764	0.1%
With two or more types of disability	10,252	1.2%
Persons 16 to 64 Years	3,413,234	100.0%
With one type of disability	277,671	8.1%
Sensory disability	33,824	1.0%
Physical disability	56,705	1.7%
Mental disability	34,201	1.0%
Self-care disability	1,078	0.0%
Go-outside-home disability	16,826	0.5%
Employment disability	135,037	4.0%
With two or more types of disability	217,817	6.4%
Persons 65 Years and Over	662,813	100.0%
With one type of disability	125,240	18.9%
Sensory disability	26,025	3.9%
Physical disability	59,715	9.0%
Mental disability	5,722	0.9%
Self-care disability	849	0.1%
Go-outside-home disability	32,929	5.0%
With two or more types of disability	116,997	17.7%

Prepared by The Applied Population Laboratory, UW-Madison/Extension, 2002.
Sources: 2000 Census of Population and Housing, Summary File 3.
Population and Housing, Summary Tape File 3a.

Reference

U.S. Bureau of the Census. 2000. *Census of Population and Housing*. Washington, D.C.: U.S. Bureau of the Census.

2002 Survey of Library Services to Adults with Special Needs

Until 2002, the DLTCL did not have data on a wide range of services for special needs. To establish a baseline of data, a special needs survey was conducted in 2002. These data provide a current indication of what services are most typical for public libraries in Wisconsin. In the future, comparisons of new data to this baseline information will be made to measure statewide progress public libraries make in serving adults who have special needs.

Public Library Development Team

SURVEY OF LIBRARY SERVICES TO ADULTS WITH

SPECIAL NEEDS

PI-Q02-21 (New 5-02)

Name of Library

City, Town or Village

1a. My library has at least one periodical or newsletter of special interest to adults who have:

- ☐ Mobility disabilities (Examples: *New Mobility, Exceptional Parent, Closing the Gap)*
- ☐ Vision disabilities (Examples: *The Braille Forum, Dots)*
- ☐ Hearing disabilities (Examples: *Deaf Nation, Silent News)*
- ☐ Emotional or mental disabilities (Example: *The Bell, Smooth Sailing)*
- ☐ Cognitive disabilities (Example: *Disability Solutions)*

1b. My library has at least one periodical or newsletter of special interest to adults who are:

- ☐ Seniors or care givers for seniors (Example: AARP publications such as *MM* [formerly *Modern Maturity*] or *My Generation*, or a local seniors guide to services and activities)
- ☐ Adults who cannot read well (Example: local literacy newsletter)
- ☐ Adults who speak Spanish (local, national, or international newspaper in Spanish)
- ☐ Adults who are unemployed (Example: State Job Listings)
- ☐ Adults who speak a language other than English

1c. Language other than English or Spanish

2a. My library has added materials in the past three years related to:

- ☐ Mobility disabilities
- ☐ Vision disabilities
- ☐ Hearing disabilities/sign language
- ☐ Adult literacy
- ☐ Unemployment
- ☐ Seniors

- ☐ Emotional or mental disabilities
- ☐ Cognitive disabilities

2b. My library has added materials in the past three years for adults who:

- ☐ Speak Spanish
- ☐ Want to learn Sign Language
- ☐ Use a first language other than English or Spanish

3a. My library has a brochure that describes special services for people who have:

- ☐ Mobility disabilities (Examples: brochures on building accessibility, home delivery, adapted workstation)
- ☐ Vision disabilities (Examples: promotional brochures for vision aides, large print, adapted workstation)
- ☐ Hearing disabilities (Examples: brochures promoting a TTY phone number, assistive listening devices, or how to request a sign language interpreter)

3b. My library has a brochure that describes special services for people who are:

- ☐ Seniors (Examples: brochures on home delivery, senior classes on using the Internet, wheelchair availability)
- ☐ Adults with literacy needs (Examples: brochures on special literacy collection, space for tutors and students to study, adapted workstation that read text)
- ☐ Adults who use a first language other than English (Example: brochures translated into other languages, bibliographies, or brochures on special collections that identify a bilingual staff person, or list the phone number for Non-english reference assistance)
- ☐ Adults who are unemployed (Examples: brochures about the library's Job Center)

4. My library provides deposit collections (directly or as part of a network of libraries) at:

- ☐ Mental health institutions
- ☐ Adult jails, prisons, or detention centers
- ☐ Senior centers and/or housing units
- ☐ Nursing homes
- ☐ Other (please specify)

5a. The following library publications routinely include information on accommodations for special needs that are available, and how to request them:

- ☐ Service brochures
- ☐ Meeting notices
- ☐ Program fliers
- ☐ Forms
- ☐ Annual summary of services or reports
- ☐ Newsletters

5b1. The following library publications are currently available in large print or non-print format, or in other languages:

Available in Large Print / or Non-Print Format

- ☐ Service brochures
- ☐ Meeting notices
- ☐ Program fliers
- ☐ Card application and other forms
- ☐ Annual summary of services or reports
- ☐ Newsletters

5b2. Available in Other Language

- ☐ Service brochures
- ☐ Meeting notices
- ☐ Program fliers
- ☐ Card applications and other forms
- ☐ Annual summary of services or reports
- ☐ Newsletters

6a. My library has these adaptive technologies

- ☐ Remote access to the library's catalog and webpage
- ☐ Descriptive video (action is described for people who can not see)
- ☐ A very bright light that can be moved around the library as needed
- ☐ Hand magnifier(s)
- ☐ A machine, other than a computer, for in-house use, that scans, enlarges text
- ☐ A machine, other than a computer, for in-house use, that reads text
- ☐ A TTY (text telephone for people who are deaf or who have speech disabilities)
- ☐ Closed captioned video (text captions explain what is being said when a decoder is used)
- ☐ Signed Video (text is repeated by a sign language interpreter in a corner of the screen)

6b. My library routinely makes these accommodations:

- ☐ A microphone is routinely used at board meetings, and all library programs
- ☐ Assistive listening devices are available at board and public meetings, all library programs
- ☐ Assistive listening devices are available at service desks
- ☐ All routine and emergency announcements, (notice that the library is closing, fire, etc.) include flashing lights to signal visually that an announcement is being made

7a. My library provides home delivery of materials to people with:

- ☐ Mobility disabilities
- ☐ Vision impairment

- [ ] Emotional or cognitive disabilities
- [ ] Responsibities for a family member who has severe disabilities

7b. My library provides home delivery of materials to people who live:

- [ ] At home, seniors or others who cannot leave their homes easily
- [ ] In senior apartments, complexes, or assisted living centers
- [ ] In nursing homes or other types of institutions
- [ ] In jails, detention facilities and/or prisons

8a. Does your library have a web page?

- [ ] Yes
- [ ] No (if No, go directly to question 9)

8b. *If Yes*, Does your library web page have links to resources or information about, or that address the concerns of, people with:

- [ ] Mobility disabilities
- [ ] Vision disabilities
- [ ] Emotional or mental disabilities
- [ ] Brain injuries
- [ ] Cognitive disabilities
- [ ] Hearing disabilities

8c. *If Yes*, does your library web page have links to resources or information about, or that address the concerns of, people who are:

- [ ] Seniors
- [ ] Adults who cannot read well
- [ ] Adults who use a first language other than English
- [ ] Poor
- [ ] Unemployed
- [ ] Members of a minority group (Example: support agencies for Hmong or Hispanic families)

9. My library has sent a staff person within the past three years to a training session on services for or general background information on:

- [ ] Mobility disabilities
- [ ] Unemployment
- [ ] Vision disabilities

- ☐ Poverty
- ☐ Hearing disabilities
- ☐ Cognitive disabilities
- ☐ Emotional or mental disabilities
- ☐ Seniors
- ☐ Adults who cannot read well
- ☐ Adults who use a first language other than English

10a. In the past three years my library has included people with any of the following special needs (or advocacy groups for them) in a planning process:

- ☐ Mobility disabilities
- ☐ Vision disabilities
- ☐ Hearing disabilities
- ☐ Emotional or mental disabilities
- ☐ Cognitive disabilities

10b. In the past three years my library has included in a planning process, agencies that represent, or people who are:

- ☐ Seniors
- ☐ Adults who cannot read well
- ☐ Adults who use a first language other than English
- ☐ Poor
- ☐ Unemployed

11a. My library offers these literacy services:

- ☐ Referral of student and tutors to literacy services providers
- ☐ Contact information about literacy providers available for the public
- ☐ Print or media instructional resources for literacy tutors
- ☐ Space in the library used regularly for literacy tutoring, adult basic education instruction, or tutor training sessions
- ☐ Unemployed

11b. In the last three years my library has:

- ☐ Consulted with other libraries or System on literacy issues and services
- ☐ Allowed the use of the library's phone number as a contact number for a literacy provider (typically a local literacy council)
- ☐ Publicized literacy issues at programs, meetings, training sessions, in newsletters, or with displays
- ☐ Conducted a tour, orientation, or open house for adults and families with literacy needs
- ☐ Participated as a member of a literacy council or coalition

Summary of Survey of Library Services to Adults with Special Needs (September/October 2002)

Responses to survey (293 of 380, 77%)

	Number of Libraries	*Percentage of Responding Libraries*	*Population Served by Respondents*	*Percentage of Population*
1a. My library has at least one periodical or newsletter of special interest to adults who have:				
Mobility disabilities (Examples: New Mobility, Exceptional Parent, Closing the Gap)	37	13%	1,756,168	38%
Vision disabilities (Examples: The Braille Forum, Dots)	38	13%	1,497,210	32%
Hearing disabilities (Examples: Deaf Nation, Silent News)	12	4%	1,161,992	25%
Emotional or mental disabilities (Example: The Bell, Smooth Sailing)	31	11%	1,352,790	29%
Cognitive disabilities (Example: Disability Solutions)	11	4%	1,152,533	25%
1b. My library has at least one periodical or newsletter of special interest to adults who are:				
Seniors or caregivers for seniors (Example: AARP publications such as MM [formerly Modern Maturity] or My Generation, or a local seniors guide to services and activities)	224	76%	4,289,292	92%
Adults who cannot read well (Example: local literacy newsletter)	53	18%	2,536,121	54%
Adults who speak Spanish (local, national, or international newspaper in Spanish)	40	14%	2,449,645	52%
Adults who are unemployed (Example: State Job Listings)	136	46%	3,955,109	85%
Adults who speak a language other than English	30	10%	2,173,145	47%
1c. Language other than English or Spanish				
Specify	27			
Hmong(10), French(7), German (5), Czech (2), Ojibwe(2), Polish(2), Russian(2), Vietnamese, Chinese, Norwegian, Somali				
2a. My library has added materials in the past three years related to:				
Mobility disabilities	89	30%	2,910,982	62%
Vision disabilities	143	49%	3,317,571	71%
Hearing disabilities/sign language	174	59%	3,754,850	80%
Adult literacy	136	46%	3,613,898	77%
Unemployment	152	52%	3,623,582	78%
Seniors	206	70%	4,168,448	89%
Emotional or mental disabilities	169	58%	3,623,583	78%
Cognitive disabilities	138	47%	3,389,804	73%
2b. My library has added materials in the past three years for adults who:				
Speak Spanish	112	38%	3,285,513	70%
Want to learn Sign Language	183	62%	3,855,212	83%
Use a first language other than English or Spanish	62	21%	2,731,603	58%
3a. My library has a brochure that describes special services for people who have:				
Mobility disabilities (Examples: brochures on building accessibility, home delivery, adapted workstation)	58	20%	2,612,744	56%
Vision disabilities (Examples: promotional brochures for vision aides, large print, adapted workstation)	88	30%	2,758,940	59%
Hearing disabilities (Examples: brochures promoting a TTY phone number, assistive listening devices, or how to request a sign language interpreter)	41	14%	2,319,517	50%

	Number of Libraries	Percentage of Responding Libraries	Population Served by Respondents	Percentage of Population
3b. My library has a brochure that describes special services for people who are:				
Seniors (Examples: brochures on home delivery, senior classes on using the Internet, wheelchair availability)	99	34%	2,995,708	64%
Adults with literacy needs (Examples: brochures on special literacy collection, space for tutors and students to study, adapted workstation that read text)	65	22%	2,030,068	43%
Adults who use a first language other than English (Example: brochures translated into other languages, bibliographies, or brochures on special collections that identify a bilingual staff person, or list the phone number for Non-English reference assistance)	39	13%	2,097,627	45%
Adults who are unemployed (Examples: brochures about the library's Job Center)	65	22%	1,980,779	42%
4. My library provides deposit collections (directly or as part of a network of libraries) at:				
Mental health institutions	10	3%	512,158	11%
Adult jails, prisons, or detention centers	22	8%	713,477	15%
Senior centers and/or housing units	88	30%	2,902,056	62%
Nursing homes	95	32%	3,115,271	67%
Other (please specify)	18	6%	1,110,509	24%
Specify:	25			
Adult daycare, assisted living				
Assisted living				
Assisted living facility				
Assisted living site				
Bolton Refuge House				
Boys and Girls Club, Head Start				
Childcare Centers				
Children's care centers				
Daycare centers				
Daycare providers (12)				
Daycare, Head Start				
Daycares and preschools				
Fire station, daycares				
Homebound customers				
Individuals can request in home delivery and pickup.				
Juvenile detention centers				
Licensed family daycare providers				
Provides additional AV materials and large print to Amherst Public Library on a quarterly basis				
Senior centers in Winter. WRLS does jails. Youth Services does daycares, etc. in low income areas.				
Senior nutrition site				
Strum Nursing Home				
We do not have deposit collections; we visit rooms/apartments at nursing home and elderly housing units.				
We donate materials to the jail.				
We have in the past at the jail and nursing homes. The need has changed as the jail is only two blocks away and they walk over with a permission slip.				
We supply materials to local assisted-care centers.				

	Number of Libraries	Percentage of Responding Libraries	Population Served by Respondents	Percentage of Population
5a. The following library publications routinely include information on accommodations for special needs that are available, and how to request them:				
Service brochures	56	19%	1,652,382	35%
Meeting notices	89	30%	2,934,035	63%
Program fliers	81	28%	2,589,843	55%
Forms	19	6%	502,123	11%
Annual summary of services or reports	28	10%	632,664	14%
Newsletters	51	17%	978,753	21%
5b1. The following library publications are currently available in large print or nonprint format, or in other languages: Available in Large Print or Nonprint Format				
Service brochures	19	6%	1,580,399	34%
Meeting notices	7	2%	832,234	18%
Program fliers	11	4%	1,133,181	24%
Card application and other forms	16	5%	556,066	12%
Annual summary of services or reports	3	1%	624,044	13%
Newsletters	4	1%	604,597	13%
5b2. Available in Other Language				
Service brochures	32	11%	2,000,842	43%
Meeting notices	2	1%	98,201	2%
Program fliers	10	3%	1,298,921	28%
Card applications and other forms	39	13%	2,013,372	43%
Annual summary of services or reports	0	0%	-	0%
Newsletters	1	0%	596,250	13%
6a. My library has these adaptive technologies:				
Remote access to the library's catalog and Web page	176	60%	4,057,986	87%
Descriptive video (action is described for people who cannot see)	51	17%	2,477,159	53%
A very bright light that can be moved around the library as needed	15	5%	735,343	16%
Hand magnifier(s)	170	58%	4,028,688	86%
A machine, other than a computer, for in-house use, that scans, enlarges text	68	23%	2,496,630	53%
A machine, other than a computer, for in-house use, that reads text	12	4%	753,137	16%
A TTY (text telephone for people who are deaf or who have speech disabilities)	38	13%	2,554,244	55%
Closed-captioned video (text captions explain what is being said when a decoder is used)	107	37%	3,142,181	67%
Signed video (text is repeated by a sign language interpreter in a corner of the screen)	20	7%	1,392,686	30%
6b. My library routinely makes these accommodations:				
A microphone is routinely used at board meetings, and all library programs	12	4%	562,806	12%
Assistive listening devices are available at board and public meetings, all library programs	11	4%	819,850	18%
Assistive listening devices are available at service desks	26	9%	1,320,313	28%

	Number of Libraries	Percentage of Responding Libraries	Population Served by Respondents	Percentage of Population
All routine and emergency announcements, (notice that the library is closing, fire, etc.) include flashing lights to signal visually that an announcement is being made	33	11%	1,124,980	24%
7a. My library provides home delivery of materials to people with:				
Mobility disabilities	145	49%	3,484,121	75%
Vision impairment	104	35%	3,220,372	69%
Emotional or cognitive disabilities	59	20%	1,563,700	33%
Responsibities for a family member who has severe disabilities	63	22%	1,516,257	32%
7b. My library provides home delivery of materials to people who live:				
At home, seniors or others who cannot leave their homes easily	154	53%	3,529,249	76%
In senior apartments, complexes, or assisted living centers	141	48%	3,332,578	71%
In nursing homes or other types of institutions	111	38%	2,962,935	63%
In jails, detention facilities and/or prisons	10	3%	332,727	7%
8a. Does your library have a web page?				
Yes	208	71%	4,291,087	92%
No	83	29%	378,688	8%
8b. If Yes, Does your library web page have links to resources or information about, or that address the concerns of, people with:				
Mobility disabilities	26	9%	1,590,060	34%
Vision disabilities	29	10%	1,813,559	39%
Emotional or mental disabilities	28	10%	1,774,871	38%
Brain injuries	22	8%	1,615,872	35%
Cognitive disabilities	21	7%	1,490,312	32%
Hearing disabilities	28	10%	1,761,927	38%
8c. If Yes, does your library web page have links to resources or information about, or that address the concerns of, people who are:				
Seniors	56	19%	2,374,383	51%
Adults who cannot read well	27	9%	1,572,256	34%
Adults who use a first language other than English	20	7%	1,529,569	33%
Poor	22	8%	1,502,899	32%
Unemployed	47	16%	2,055,805	44%
Members of a minority group (Example: support agencies for Hmong or Hispanic families)	23	8%	1,682,322	36%
9. My library has sent a staff person within the past three years to a training session on services for or general background information on:				
Mobility disabilities	56	19%	1,444,377	31%
Unemployment	31	11%	1,323,737	28%
Vision disabilities	57	19%	1,833,867	39%
Poverty	24	8%	878,655	19%
Hearing disabilities	41	14%	1,149,195	25%
Cognitive disabilities	39	13%	1,207,989	26%
Emotional or mental disabilities	36	12%	569,427	12%
Seniors	56	19%	2,118,262	45%

	Number of Libraries	Percentage of Responding Libraries	Population Served by Respondents	Percentage of Population
Adults who cannot read well	43	15%	1,531,890	33%
Adults who use a first language other than English	46	16%	2,291,909	49%
10a. In the past three years my library has included people with any of the following special needs (or advocacy groups for them) in a planning process:				
Mobility disabilities	31	11%	1,210,757	26%
Vision disabilities	23	8%	1,199,085	26%
Hearing disabilities	18	6%	260,548	6%
Emotional or mental disabilities	9	3%	234,556	5%
Cognitive disabilities	12	4%	289,202	6%
10b. In the past three years my library has included in a planning process agencies that represent, or people who are:				
Seniors	85	29%	1,106,550	24%
Adults who cannot read well	23	8%	1,267,892	27%
Adults who use a first language other than English	20	7%	1,429,532	31%
Poor	23	8%	918,102	20%
Unemployed	23	8%	840,660	18%
11a. My library offers these literacy services:				
Referral of student and tutors to literacy services providers	134	46%	3,494,929	75%
Contact information about literacy providers available for the public	154	53%	3,567,083	76%
Print or media instructional resources for literacy tutors	80	27%	2,935,466	63%
Space in the library used regularly for literacy tutoring, adult basic education instruction, or tutor training sessions	151	52%	3,820,481	82%
Unemployed	45	15%	1,769,346	38%
11b. In the last three years my library has:				
Consulted with other libraries or system on literacy issues and services	119	41%	2,706,379	58%
Allowed the use of the library's phone number as a contact number for a literacy provider (typically a local literacy council)	67	23%	1,752,622	38%
Publicized literacy issues at programs, meetings, training sessions, in newsletters, or with displays	77	26%	2,383,479	51%
Conducted a tour, orientation, or open house for adults and families with literacy needs	55	19%	2,415,302	52%
Participated as a member of a literacy council or coalition	48	16%	2,385,179	51%

Appendix 1
Appropriate Vocabulary When Talking or Writing About People with Disabilities

Most advocacy groups stress the need to use "people-first" language. Such language places the focus on the individual before the disability. The following suggestions are based on recommendations by Easter Seals (1999; www.easter-seals.org) and Kids with Special Needs Awareness Activity by The Learning Works (www.learningworks.com).

Do Use	Avoid
"the person (or people) who has disabilities"	*the* anything: "the handicapped," "the blind" "the deaf," and so on
the name of the disability and respectful language	"victim," "crippled," "cripples," "invalid," "patient," "lame," "unfortunate," "pitiful," "poor," "crip," "deformed," "blind as a bat," "freak," "vegetable"
"a person has"	"afflicted with" or "afflicted by"
"people with disabilities"	"disabled persons," "blind people," "deaf people" (put the person before the disability)
"people with epilepsy"	"epileptics," "spastics," "CP"
"a person who uses a wheelchair," "a person who leaves their home with assistance"	"wheelchair bound," "confined to a wheelchair," "homebound"
use "able-bodied" or "nondisabled" for people who do not have disabilities	"normal" or "healthy people"
"a person who is nonverbal"	"mute" or "dumb"
"a person who is deaf"	"deaf and dumb"
"a person with developmental or intellectual disabilities," "a person who has Down syndrome"	"retarded," "a retard," "slow," "moron," "idiot," "mongoloid"
"a person who has a seizure disorder"	"has fits"
"cleft pallet"	"harelip"
"a person who is paralyzed"	"invalid" or "paralytic"
"a person of short stature"	"dwarf" or "midget"
mention the disability only when it is relevant to the discussion	mentioning a person's disability, unless it is relevant to the discussion
depict the average accomplishments of or typical achievers, not just the superachiever	comparing a typical person with a disability to the exceptional person
depict people with disabilities as experiencing the same pain or pleasure as others in the community and as working in the community	portraying people with disabilities as being more courageous, brave, or inspirational than other people; glamorizing people who have adapted to their disabilities and focusing on them without a social context

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Appendix 2
Agencies and People Contacted

Thanks to the following people whom we interviewed and who advised us in preparing this publication.

Disabilities

Badger Association of the Blind and Visually Impaired
Rob Buettner, director of rehabilitation
912 N. Hawley Road, Milwaukee, WI 53213-3293
414-258-9200

Badger Prairie Health Care Center
Charlie Smith
1100 E. Verona Avenue, Verona, WI 53593-8717
608-845-6601

Brown County Association for Retarded Citizens
1673 Dousman Street, Green Bay, WI 54303-3209
920-498-2652

Catholic Charities, Developmental Disability Counseling
Laura Keshner, director
2020 E. Milwaukee Street, Janesville, WI 53545-2600
608-752-4906

Center for Deaf-Blind Persons
Diane Jones, director, and Ruth Silver
3195 S. Superior Street, Milwaukee, WI 53207-3050
414-481-7477

Franciscan Skemp Healthcare
Siena Hall Day Treatment Center
Linda McArthur
608 S. Eleventh Street, La Crosse, WI 54601
608-784-6010

Good Day Café
Tom and Joanne Jeray, owners
101 S. Webster Avenue
P.O. Box 7841, Madison, WI 53707-7841
608-251-0157

Independence First
Lonnie McFadden
600 W. Virgina Street, Suite 301, Milwaukee, WI 53204-1500
414-291-7520

Kenosha County Alcohol Abuse and Development Disabilities and Mental Health
Chris Hribal
3508 Washington Road, Kenosha, WI 53144-1654
262-653-3880

La Crosse County Human Services Department
Carol Schilling, community support program supervisor
300 Fourth Street N., La Crosse, WI 54601-3228
608-785-6101

Laura Lusk, parent, Verona, WI

Milwaukee Center for Independence
Julie Barowski
1339 N. Milwaukee Street, Milwaukee, WI 53202-2516
414-272-1344

Options for Independent Living
555 Country Club Road
P.O. Box 11967, Green Bay, WI 54307-2516
920-490-0500

St. Coletta's School
Sister Ruth Marie
W4955 Hwy. 18, Jefferson, WI 53549-9799
920-674-4330

United Cerebral Palsy
Brad Peele
7519 W. Oklahoma Avenue, Milwaukee, WI 53219-2861
414-329-4500

University of Wisconsin-Madison
Facilities Planning and Management
Facilities Access
Marcia Carlson
610 Walnut Street, Madison, WI 53726-2336
608-263-3021

University of Wisconsin-Madison
McBurney Disability Resource Center
Barbara Lafferty, office manager
905 University Avenue, Madison, WI 53715-1005
608-263-2741

Wisconsin Association of the Deaf
Jim Powell, WADNet Post Editor and Webmaster
www.wi-deaf.org
608-825-9791 (TTY)

Wisconsin Council of the Blind
Marshall Flax, low-vision specialist
Dick Pomo, executive director
754 Williamson Street, Madison, WI 53703-3546
608-266-3109 and 608-255-1166

Wisconsin Department of Health and Family Services, Bureau for the Blind
Michael Nelipovich
1 W. Wilson Street, Madison, WI 53707-7851
608-266-3109

Wisconsin Department of Health and Family Services, Bureau for the Deaf and Hard of Hearing
Alice Sykora and Linda Huffer
1 W. Wilson Street, Madison, WI 53707-7851
608-266-5241

Wisconsin Regional Library for the Blind and Physically Handicapped
Marsha Valance, regional librarian
William Graczyk, Braille Readers' Advisory
813 W. Wells Street, Milwaukee, WI 53233-1436
800-242-8822 (in-state)

Wisconsin School for the Deaf and Educational Service Center for the Deaf and Hard of Hearing
Alex Slappy, superintendent
309 W. Walworth Avenue, Delavan, WI 53115-1027
262-740-2066

Jayne Wittenmeyer, parent, Mt. Horeb, WI

Literacy

Baraboo Literacy Association
Bea Statz
c/o Baraboo Public Library
230 Fourth Avenue, Baraboo, WI 53913-2118
608-356-6998

Barbara Manthei, formerly with the Governer's Office for Literacy and Lifelong Learning

Chippewa Valley Technical College
Margaret Anne Bundy, volunteer training specialist, VISTA project director
620 W. Clairemont Avenue, Eau Claire, WI 54701-6120
715-838-9202

Council for the Spanish Speaking, Inc.
Kay MacKenzie
614 National Avenue, Milwaukee, WI 53204-1713
414-384-7420

Head Start, Dane County Parent Council
Barb Rice, adult education specialist
2096 Red Arrow Trail, Fitchburg, WI 53711-4723
608-275-6740

Indo-Chinese Learning Center
Marilyn Hegge
639 N. Twenty-fifth Street, Milwaukee, WI 53233-1802
414-344-4777

La Crosse County Justice Sanctions Program
Jane Klekamp
400 Fourth Street N., La Crosse, WI 54601-3227
608-785-5547

La Crosse County Juvenile Detention Facility
Tammy Zenz
300 Fourth Street N., La Crosse, WI 54601-3227
608-785-5537

Literacy Council of Wood County, Inc.
Jan Gordon
630 S. Central Avenue, Marshfield, WI 54449-4196
715-387-6622

Literacy Services of Wisconsin
Mary Sterns
2724 W. Wells Street, Milwaukee, WI 53208-3530
414-344-5878

Madison Area Literacy Council
Gregory Markle
2007 Atwood Avenue, Madison, WI 53704-5324
608-244-3911

Marathon County Literacy Council
Nell Anderson, president
1000 Campus Drive, Wausau, WI 54401-1880
715-849-8385

The Neighbors' Place
Jennifer Lund, education coordinator
745 Scott Street, Wausau, WI 54403-4977
715-845-1966

Northcentral Technical College, Literacy Volunteer Tutor Program
Sally Decker
1000 W. Campus Drive, Wausau, WI 54401-1880
715-675-3331, ext. 4757

Racine Literacy Council
Richard Goetsch
734 Lake Avenue, Racine, WI 53403-1208
262-632-9495

Spanish Center
Danielia Cuevas
5900 Eleventh Avenue, Kenosha, WI 53140-4018
262-657-2160

Waukesha County Jail
Meg Schnabl, corrections officer
515 W. Moreland Boulevard, Waukesha, WI 53188-2428
262-548-7177

Winnebago County Literacy Council
Lisa Ellis
106 Washington Avenue, Oshkosh, WI 54901-4933
920-236-5185

Poverty

Christine Ann Domestic Abuse Services
Lea Kitz
P.O. Box 99, Neenah, WI 54957-0099
920-729-5727

Eau Claire City and County WIC
Cheryl Yarrington, head of service
720 Second Avenue, Eau Claire, WI 54703-5413
715-839-5051

Everyone Cooperating to Help Others (ECHO, Inc.)
Renee Engen, social service assistant
65 S. High Street, Janesville, WI 53545-3842
608-754-5333

House of Mercy
Ron DelCiello, director
320 Lincoln, Janesville, WI 53545-4616
608-754-0045

Hunger Task Force
Sherrie Tussler, executive director
201 S. Hawley Road, Milwaukee, WI 53214
414-777-0483

Milwaukee Rescue Mission and Joy House
Richard Trickel, associate director of administration
830 N. Nineteenth Street, Milwaukee, WI 53233-1616
414-344-2211

Oshkosh Workforce Development Center
Dianna Ruppier, Career Pros, Inc.
315 Algoma Boulevard, Oshkosh, WI 54901-4773
920-232-6200

Polk County Health Department, WIC, Birth to 3
Andrea Siefert
300 Polk County Plaza, Suite 10, Balsam Lake, WI 54810-9070
715-485-8523

Price County Health Department
Vickie Petrashek
104 S. Eyder Avenue, Phillips, WI 54555-1342
715-339-3054

Second Harvest
Bob Mohelnitzky
2802 Dairy Drive, Madison, WI 53718-6751
608-223-9121

Seniors

AARP Wisconsin
D'Anna Bowman
3 S. Pinckney, Suite 801, Madison, WI 53703-2880
608-286-6301

Beloit Senior Center
John C. Kalkirtz
631 Bluff Street, Beloit, WI 53511-6103
608-364-2875

Calumet Homestead Rehabilitation Center
Marlene Schneider, director of activities
1712 Monroe Street, New Holstein, WI 53061-1307
920-898-4296

Clinton Rose Senior Center
Melvin Allen
3045 N. MLKing Drive, Milwaukee, WI 53212-2076
414-263-2255

Dane County Area Agency on Aging
Rita Odegaard
1955 W. Broadway, Monona, WI 53713-3700
608-224-3663

ElderCare of Dane County
Jeni Synnes and Carmen Kophamer
2802 International Lane, Madison, WI 53704-3124
608-245-3004 and 608-218-1690

Kenosha County Department of Aging
Theresa Jacobs, community outreach specialist
5407 Eighth Avenue, Kenosha, WI 53140-3715
262-605-6646

Manitowoc County Aging Resource Center
Judy Rank, director
4319 Expo Drive, Manitowoc, WI 54220-7305
920-683-4180

Meriter Senior Adult Services
Carla Fears
309 W. Washington Avenue, Madison, WI 53703-2701
608-284-3344

Outagamie County Aging Services, Department of Health and Human Services
Bonne Elias-Planner, aging services supervisor
401 S. Elm Street, Appleton, WI 54911-5900
920-832-5145

Ozaukee County Aging Services
Mary Ferrell
121 W. Main Street, Port Washington, WI 53074-1813
262-238-8125

Rock County Retired and Senior Volunteer Program
Christine Schlichting
81 Beloit Mall, Beloit, WI 5351-3550
608-362-9593

Senior Services of Rock County
Peg Edge
120 N. Crosby Avenue, Janesville, WI 53546-3375
608-757-5940

Sheboygan Health and Human Services, Division on Aging
Jim McCabe
821 N. Eighth Street, Sheboygan, WI 53081-4020
920-459-3983

Sheboygan Senior Center
Cheryl Smith
428 Wisconsin Avenue, Sheboygan, WI 53081-4146
920-459-3290

Thompson Community Center, Senior Connection
Betty Defferding
820 W. College Avenue, Appleton, WI 54914-5286
920-733-2860

United Refugee Service of Wisconsin
Arthur Upham
312 Third Street, Madison, WI 53704-4741
608-256-6400

Wisconsin Board on Aging and Long Term Care
Laura Gilles
214 N. Hamilton Street, Madison, WI 53703-2199
608-261-8654

Appendix 3
Wisconsin Public Library Standards

Standards Related to Special Needs Populations

The *Wisconsin Public Library Standards*, third edition, put out in 2000 by the Wisconsin Department of Public Instruction DLTCL, indicates that all Wisconsin residents need and deserve at least a basic level of library service. The standards provide a way to measure a basic level of quality for public library service and also provide a pathway to excellence in library service. The following standards, taken from that publication, are related to special needs populations.

Services to Populations with Special Needs

Persons with special needs include individuals of all ages who often face barriers to their use of public library services. These barriers may be physical, as in the case of persons with physical or developmental disabilities, or those who are homebound or incarcerated or who live in residential care facilities. Barriers also can be psychological. For example, low-income individuals may think that it costs money to join the library or fear incurring overdue fines. Other persons who may experience psychological barriers to their use of the public library are persons with mental illness, adult new readers, individuals from diverse cultural backgrounds, and new immigrants with limited English-speaking ability.

Because persons with special needs are seldom among the library's traditional patrons, often they are invisible members of the community. However, good planning will identify all the library's potential constituencies, including individuals with special needs. The library can then develop specific strategies for reaching them and providing materials in formats they can utilize.

Governance and Administration

- The library is in compliance with federal laws that affect library operations, such as the Americans with Disabilities Act and the Fair Labor Standards Act.
- The library board meets monthly (with the library director in attendance) at a time and in a physically accessible location convenient for the board and the community and in accordance with the state law on open meetings and the Americans with Disabilities Act.
- The library board is invited to participate in the diversity and ability awareness training provided to staff.
- Annually, the library implements a number of generally accepted publicity techniques; the choice of which techniques to employ will be based on the characteristics of the community, including the needs of persons with disabilities, adult new readers, and those with limited English-speaking ability.
- The library uses non-print media (such as cable TV or radio) and accessible formats (such as large print or audiotapes) to promote its programs to persons with disabilities and adult new readers.
- The library develops specific strategies to inform patrons with disabilities, non-English-speaking patrons, and adult new readers of its materials, programs, and services, including dissemination of publicity materials in alternate formats, in languages other than English, and using basic vocabulary.

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Staffing for Public Libraries

- The library board has adopted a set of personnel policies outlining the conditions and requirements for employment of library staff, and these policies are consistent with state and federal regulations, including the Fair Labor Standards Act, the Americans with Disabilities Act, and relevant court decisions. The board reviews the policies at least once every three years.
- The library has a written personnel classification plan describing the job duties of each staff member, any educational and experience requirements, the physical requirements of the job, and salary range. The plan ensures that all qualified individuals have an equal opportunity for employment.
- The library has staff trained to assist patrons with disabilities in the effective use of assistive devices and adaptive software used in the library.
- The staff receives diversity and ability awareness training for communicating with library patrons and coworkers, including persons with physical and mental disabilities, those from diverse cultural backgrounds, adult new readers, and individuals with limited English-speaking ability.

Collection and Resources

- The library cooperates in collection development with other local, area, and state-level libraries of all types, including the Wisconsin Regional Library for the Blind and Physically Handicapped, to provide a wide range of resources in a variety of formats to meet the needs of the community.
- The library provides access to resources in a variety of formats to ensure equal access for persons of all ages with disabilities, in compliance with the Americans with Disabilities Act. Formats may include books on cassette and in Braille, electronic formats, and closed captioned, described, or signed video.
- The library provides access to adult basic-skills and English-as-a-Second-Language materials with reading levels and formats appropriate to meet the needs of patrons who are adult new readers or who have developmental disabilities or limited English speaking skills.
- The library has, or provides access to, electronic information resources for its staff and its patrons, including those with disabilities. This may be accomplished through a variety of means, including online database searching, CD-ROM databases, digitized materials, locally mounted databases, remote full-text databases, and access to the Internet.
- The library provides assistive technology to ensure access to electronic resources for persons with disabilities.

Services

- The library maintains policies and/or procedures regarding the public services it provides, such as reference and information services, programming services, services to children and young adults, and services to patrons with special needs.
- The library participates in system-level planning for services to special needs populations and youth.
- The library provides reference and readers' advisory services to residents of all ages and levels of literacy in person, by telephone, and by text telephone (TTY) the entire time it is open. Other means of providing reference service are also considered (e.g., fax or e-mail).
- The library provides reference and readers' advisory services to patrons with disabilities in formats they can utilize.
- The library supports patron training in the use of technologies necessary to access electronic resources, including training for persons with disabilities in the use of adaptive equipment and software.
- Public programs provided by the library are free of charge and in physically accessible locations for children, young adults, and adults. The library provides the necessary accommodations to enable persons with disabilities to participate in a program and advertises the availability of the accommodations in the program announcement.

sons with disabilities to participate in a program and advertises the availability of the accommodations in the program announcement.

Access and Facilities

- The library takes action to reach all population groups in the community. Appropriate services may include homebound services; deposit collections for childcare facilities, schools, institutions, and agencies; books-by-mail services; bookmobile service; programs held outside the library; and remote access to the library online catalog and other resources.
- The library ensures access to its resources and services for patrons with disabilities through the provision of assistive technology and alternative formats, in compliance with the Americans with Disabilities Act.
- The library's online catalog and other electronic resources are accessible to persons with disabilities through the use of adaptive and assistive technology.
- The library has a telephone system adequate to meet public and staff needs including at least one TTY, with numbers listed in both white and yellow pages. A voice mail system or answering machine provides basic library information to callers during times the library is not open.
- The library has allocated space for child and family use, with all materials readily available, and provides furniture and equipment designed for children and persons with disabilities.
- The library building and furnishings meet state and federal requirements for physical accessibility, including ADA Accessibility Guidelines for Buildings and Facilities (ADAAG at http://www.access-board.gov/bfdg/bfdg.htm).
- In compliance with ADAAG, the library provides directional signs and instructions for the use of the collection, the catalog, and other library services in print, alternate formats, and languages other than English, as appropriate.
- The library's accessible features (such as entrance doors, restrooms, water fountains, and parking spaces) display the International Symbol of Accessibility.

Glossary

ABE. Adult basic education.

ADA. Americans with Disabilities Act.

AFDC. Aid to Families with Dependent Children.

AFH. Adult family homes.

ASL. American Sign Language.

ASCLA. Association of Specialized and Cooperative Library Agencies Division of the American Library Association.

CART. Communication Access Real-Time Translation; involves the use of a computer, a stenotype machine, and real-time captioning software to provide real-time text of what is being said in a meeting or program.

CBRF. Community-based residential facilities.

CAP. Community Action Program.

CCBC. Cooperative Children's Book Center at the University of Wisconsin, Madison.

CD. Cognitive disability.

CBO. Community-based organization.

Described videos. Videos in which the action is described when there is no dialogue.

DD. Developmentally delayed.

DHH. Deaf or hard of hearing.

ESL. English as a second language.

Even Start. A federal preschool education program for at-risk children that includes an adult education component.

GED. Certificate of General Educational Development.

Head Start. A federal preschool education program for four- and five-year-old children.

HSED. High school equivalency diploma.

Kurtzweiler. A machine that scans text much like a copier and then with a computerized voice reads the text.

RTC. Real-time captioning.

TANF. Temporary Assistance to Needy Families.

TEFAP. The Emergency Food Assistance Program.

TTY. Text telephone. TTYs are used by many people who are deaf or have a speech disorder to type in a message much like on a computer keyboard.

Universal design. Features that address the needs of people with disabilities but have no negative impact on people who are able-bodied.

Wisconsin Telecommunications Relay System. Allows a text telephone user who may be deaf, hard of hearing, or speech impaired to call or be called by virtually anyone using a voice telephone.

WIC. Women, Infant, and Children program. Provides food assistance and health screenings for women with low incomes who are pregnant, who recently had a baby, who are breast-feeding, or who have children under the age of five.

W2. Wisconsin Works is Wisconsin's revised welfare-to-work program, initiated in 1996.

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